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*Proceedings of the
Royal College of Dental Surgeons of Ontario
1986*

1986 Proceedings

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
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Council Meetings: February 14; April 17 and 18; September 8; October 28;
November 27 and 28.

President's Message

REPORT OF THE R.C.D.S. PRESIDENT/1986

Gary E. Pitkin, D.D.S.

It has been perhaps customary for the President, in his message, to highlight the real and philosophical achievements he has sensed during his term, and this report will be no exception. However, along with these positive aspects, I will also balance the scale with some disappointments and concerns. In fact, as my term comes to an end, perhaps the disappointments and concerns may even somewhat tip the scale a degree. Nevertheless, both sides must, in all fairness, be aired.

During my term as President, many members of the College have approached me to say that there is now, as never before, a more approachable feeling to the R.C.D.S. They indicate that, although we have truly represented the public of Ontario and their point of view on issues dealing with dentistry, we seem to have become less aloof and threatening to the members of the dental profession that we govern. I take this as a sincere compliment, as one of my initial goals in getting involved with the R.C.D.S. Council was just that — to restore a sense of humanity, approachability and fair play to our dealings with the public and the profession. On my "Call the President" days and during my many local dental society visits, I attempted to convey this feeling of openness and, fortunately, it has for the most part been recognized, welcomed and appreciated. For this, I am grateful!

On the positive side also, and very much related to this approachable philosophical attitude, has been my Council's amplification and stressing of the remedial aspects of rehabilitation as opposed to the punitive ones. Many Councils in the past have also employed, to a degree, this attitude; but, as evidenced by the activity of many previous Discipline Committees, a lot of issues were automatically just referred to that body as a matter of philosophical course that



perhaps could have been dealt with in a different fashion. Clinical deficiencies, I feel, are best handled by repairing and re-educating, not by punishing. Certainly, fraud and abuse of a drug or sexual nature must be handled differently, and they always have been and were, as well, during my term. The remedial courses and development of retraining programs have been a shining jewel in the College's experiences. Their development, for the most part, occurred during Dr. Richard Filion's term, and it was my Council's decision to continue this philosophy and, indeed, to promote its advancement. Dr. Warren Hilliard, as the Chairman of the Complaints Committee, and also Dr. Filion in his capacity as Chairman of the Discipline Committee were instrumental in directing their most positive self-governing attitude. We have had time now to evaluate the effects of our position and I have been grateful to see that this stance has worked well. We have had the opportunity to monitor practices and practitioners to see if they have been helped by our efforts, and, in the vast majority of cases, our endeavours have been successful. A rather

significant side effect of this philosophical change has been the enormous reduction in College expenditures devoted to Discipline and legal items. During the first year of my term, we were able to turn an approximate \$600,000 loss into a \$100,000 gain. I commend my fellow Councillors for this, and hope to see the trend continue.

One of the more interesting things I have had to deal with during my term has been the changing of the guard at Queen's Park. After 42 years of Progressive Conservative rule, the Liberals took governmental control in the middle of 1985. As with all new relationships, it has taken time to get to know each other but, I feel, as my term comes to a close, that we are beginning to get a handle on the way this government does business. On the positive side, we have had a lot more to do with the Ministry of Health than, perhaps, ever before (with the possible exception of the provision of full denture services controversy of the 1970's). We have met and liaised on more occasions with the current Minister of Health, the Honourable Murray Elston, than I would care to recount. More legislative changes have been proposed by us than at any time with the exception of the currently applicable Health Disciplines Act. Sadly, however, more legislation seems to have hit a brick wall than ever before also.

The College's proposal regarding the supervision of Dental Hygienists, freedom of choice for the provision of dental services in Ontario, the acceptance of credit cards as a method of paying dental bills seem to have become hopelessly bogged down in the governmental machinery. These matters *are* important and require urgent attention, but I'm afraid they will have to be dealt with by my successor's Council. Capitation in particular is an issue that my Council feels is very much at odds with the public's dental well-being in Ontario. We have been bringing this message home in a very direct fashion to the Minister since February 1986 and continue to do so even now, but Mr. Elston has chosen to mark time

regarding this urgent matter even as some of their schemes are becoming more and more entrenched. It is Council's fear that many provisions currently contained within our Regulations could possibly be flaunted and breached by the purveyors of Capitation — we have, *indeed*, waited until now before proceeding with these concerns hoping to get some governmental direction. We can wait no longer! The law *is* the law!

Another disappointment for me and my Council is the still increasing spectre of commercialism and advertising creeping, nay, galloping, into the arsenal of many of our more entrepreneurially-active colleagues. The fine lines of good taste and legality have been crossed — professionalism has been bastardized. If the dental profession wants this to be legalized and accepted, then they must indicate it. To date, just the opposite has been denoted. It discourages me to see confrères behaving more and more as competitors and I hope future Councils will see a change, one way or the other. Considering what has happened recently to the law profession, I don't believe the future will support the status quo.

The final comments I have are more in the line of concerns rather than disappointments. I am most concerned about the future of the privilege of our self-governing status we have been afforded. Mr. Elston, himself, has referred to the "fragility of self-government." This government seems to look with grave suspicion at anything concerning the Health Professions — witness the recent situation placed on physicians and pharmacists. I have found the experience of dealing with the Ministry of Health concerning proposed legislative changes to be "like pulling teeth", if you will pardon the expression.

There are very clear signals emanating that more and not less governmental regulation and control regarding our self-governing status will be the voice. The Health Professions Legislation Review Committee has indicated that open discipline hearings and mandatory peer review

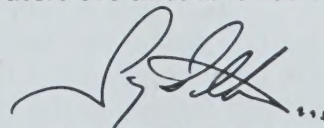
are very real future possibilities. They also indicate that more lay appointees will be in the offing for the Health Profession Councils. In fact, there is an indication, that may or may not be confirmed by the time you read this, that another lay person will be appointed to the R.C.D.S. Council for the next term, even though we had a fourth one appointed only last term. During this same time, there have been no increase in the number of elected dentist or hygienist observers on Council; however I am concerned that soon we may have the illusion of self-government brought here to bear even more than it is now. The Minister has always had the legislative right to modify our decisions and articles — why he has chosen to take this route is perplexing. Perhaps it is due in part to the attitude of most of our current lay appointees, who seem to have accepted the role of governmental agents in our Council with more than just a little relish and fervour. I realize this is a controversial statement and, in some ways, inflammatory, but I would be remiss if it did not, in my report, state this concern. Traditionally, the lay people on Council were appointed by the government to safeguard the public trust in matters dealing with the provision of dental services in this province. In the most part, the symbiosis of the elected and appointed members of Council has worked well. However, recently the lay people have acted more as agents of the government and less as protectors of the public's safety in their Council dealings. They have gone directly to the Minister of Health with rumours and innuendos of misuse of authority by the Council and have even intimated that we have not served the public well. However, when pressed for instances of their neglect and abuse, they have been unable to provide examples. Why?. Because there are none! Our lay representatives seem to have become swept up in this general feeling, exemplified by government, of distrust of professionals. Their purpose on Council seems to have been lost to the point where they freely admit going to the government and requesting another lay representative solely to affect the

vote. As far as our self-government is concerned, what of its status when one of the lay people also openly states that she made several endorsement phone calls on behalf of her "favourite" Councillor who was a candidate in the recent R.C.D.S. election?. Is this activity proper?. Would it be more appropriate to forego the formality of elections altogether and just have the government or their representative appoint their "favourites"?.

I hope my successor monitors this concern and that the profession does as well. Many false stories and rumours were spread by some misguided individuals during the last Council elections. Unfortunately, many of the zealots spreading these innuendos did not have the common decency or courage to verify their authenticity.

So, as I end the second year of my two-year term, I am afraid I see more problems than solutions, but with your continued support and diligence (and professionalism, please), I feel that they are not insurmountable.

Our fragile self-government may have warts and blemishes, but it is still a thing of beauty, and truly something to value and have pride in. We must guard against the forces attempting to undermine it. We must nurture it and guide it through these troubled times when it is being attacked by friends who would be foes. My message has not been all sweetness and light — but it *has* been honest, frank and, I hope, informative. All I can ask is that you reason with your mind and not your heart when you examine the issues I have discussed — judge me as you wish, harshly or congenially, but know that I love this profession, have been humbled by the opportunity and honour to have served as your R.C.D.S. President, and fervently hope that smoother waters are ahead. It has been a pleasure!



Gary Pitkin, D.D.S.
R.C.D.S. President

Council 1986



R.C.D.S. COUNCIL 1986

Top Row: G. Nikiforuk, Z. Dossett, L.L. Mickelson, R. Donaldson, E. Swadron, R.M. Matsui

Middle Row: R.M. Beyers, J. Stefura, W.H. Treleaven, W.R. Hilliard, G.G. Grayson, R.T. Lang

Bottom Row: R.L.J. Fillion, W.R. Patrick (Vice President), G.E. Pitkin (President), K.F. Pownall (Registrar),
Rev. R.P. Thomas, W.J. Dunn

STAFF

Registrar.....Kenneth Pownall, D.D.S.
Deputy Registrar/Treasurer Edward Fox, D.D.S.
Associate Registrar.....Kerry Mathers, D.D.S.

Assistant Registrar James Gillespie, D.D.S.
Executive Assistant Linda Strevens, B.Sc.D.
Inspector Frank Greer

Solicitors — Shibley, Righton, McCutcheon

Auditors — Thorne Riddell

Bank — The Royal Bank of Canada

Electoral Districts



R.C.D.S. COUNCIL ELECTORAL DISTRICTS

2



W.R. "Bob" Patrick, D.D.S.
Trenton

1



W.H. "Trev" Treleaven, D.D.S.
Kingston

4



G.E. "Gary" Pitkin, D.D.S.
Toronto



R.M. "Rollin" Matsui, D.D.S.
Toronto

8



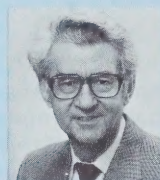
R.T. "Randy" Lang, D.D.S.
Mississauga



UNIVERSITY REPRESENTATIVES



W.J. "Wes" Dunn, D.D.S.
London



G. "Gordon" Nikiforuk, D.D.S.
Toronto

GOVERNMENT APPOINTEES



Z.M. "Zita" Dossett
Kingston



E. "Eunice" Swadron
Thornhill



J. "John" Stefura
Sudbury



R.P. "Rondo" Thomas
Scarborough

DENTAL HYGIENIST OBSERVERS



R. "Rosemary" Donaldson
Toronto



L.L. "Lynda" Mickelson
Thunder Bay

REPORT OF THE EXECUTIVE COMMITTEE

Chairman, G.E. Pitkin, D.D.S.

Committee Members: W.J. Dunn, D.D.S., R.L.J. Filion, D.D.S., W.R. Patrick, D.D.S., Rev. R.P. Thomas, R. Donaldson*

By governmental statute, the Executive Committee of the College shall be composed of the President and Vice-President and not more than three other members of Council, one of whom shall be a governmental lay appointee. This Committee deals with the day-to-day decisions of running the R.C.D.S. and, in fact, becomes for all intents and purposes the Council between full Council meetings. Matters outside other specific R.C.D.S. Committee functions are dealt with by the Executive for action and/or study.

What follows is a brief synopsis of some of the more important issues that the Executive has had to wrestle with in 1986. They are presented in no particular order and, if more detail is required, please don't hesitate to contact the College or your District representative.

1. The Council has sent a recommended definition of supervision and direction regarding dental hygienist utilization to the government. This matter has been a very complex and controversial one and required much time and effort by several Committees of the College over the years. As of the writing of this report, we have received no approval or direction from Queen's Park regarding this matter, so the previous strict definitions must still apply. It is hoped fervently that the decision will be forthcoming in 1987.
2. The subjects of capitation and freedom of choice have, as I am sure you can imagine, filled a great deal of the time spent at Executive meetings. The Minister of Health, the Honourable Murray Elston, held a meeting at the end of February, 1986 at which were present all those he could identify as having legitimate interests and/or concerns regarding this method of delivering dental services. At this meeting, the R.C.D.S. representatives were asked to define a freedom of choice regulation for everyone's scrutiny. This was sent to the government in May, 1986. The College awaited a reply with anticipation but, when none was forthcoming, we decided to share our concerns regarding capitation and its potential detrimental effects on both the dental patients of the province and the quality of dental care. Accordingly, the Executive, with full Council approval, drafted a list of concerns and sent it to the Minister in November, 1986. All members of the College will have received a copy of this letter as well. To date, Mr. Elston has only replied that he has concerns that the freedom of choice definition may be too restrictive, and that he wants to reconvene the original meeting group that discussed the issue back in February of 1986. He has also asked for documentation substantiating our concerns.
- This is being prepared now and we hope to continue to press this most important issue in 1987.
3. The Committee studied the need for expanding into larger premises and, in fact, even visited potential sites during 1986. However, it was felt that, since there is the very real potential for redefinition of our role and jurisdictional composition in the near future by the Health Professions Legislation Review Committee, and resultant governmental action, it was premature to commit funds and decisions to this subject at this time. We feel it would be more prudent to wait until we at least know what we will be governing, whom, and how.
4. Dr. Kerry Mathers was hired in the summer of 1986 as the Assistant-to-the-Registrar. He has since become the Associate Registrar-Secretary and has ably undertaken a very heavy workload on behalf of the College. Kerry's former experience as a member of Council and his genuine interest and enthusiasm in his work have been great assets during his initial learning period.
5. At the request of many Council members who felt that they had become less involved in the decision-making processes of the College, a more diverse Committee structure was re-established in May of 1986 in order to more equally share our workload and give all Council members a more active role in College policy-making. This seems to have worked out well.
6. The Executive expressed concerns to the Minister of Health that courses in radiological technique and interpretation appeared to be occurring for denture therapists at several times during the past year. As this is clearly beyond their expertise, training and scope of practice, it was felt that this was the perfect example of "a little knowledge being a bad thing".
7. The Committee has also had to deal with the grave issue of dentists purporting to have specialist qualifications or training when, in fact, they do not. Practitioners limiting their practices to certain specialty aspects cannot hold themselves out to be, in fact, specialists. This has created serious problems; and be advised that the matter will be dealt with most harshly in the future.
8. Related to item 3 is the fact that renovations to the third floor of our building, and other areas as well, have increased our useable working space and streamlined some of the more congested areas. A welcome improvement has been the addition of two windows at the back of the main Council chamber — they seem to have diminished greatly the austere appearance of the room and, in fact, seem to have made it less threatening. Hard to believe, I know, for you who have enjoyed our hospitality.
9. Staff duties were reassigned, shifting secretarial duties to the Associate Registrar (now Dr. Mathers) and the treasurer's function to the Deputy Registrar (Dr. Fox).
10. The Executive continues to deal with the government's Health Professions Legislation Review Team and its re-

drafting of the Health Disciplines Act and Regulations. We have been asked to comment on many proposed matters dealing with the future make-up of how we will practice — matters such as scope of practice, the role and number of lay people on Councils, the subject of quality assurance and many other items specifically dealing with our future self-government. This study will, I am sure, occupy a great deal of the Executive's time in 1987.

11. Dr. Don McFarlane resigned in September 1986 as our Associate Registrar/Secretary. This necessitated a redefining of Dr. Mathers' position as previously mentioned, and the hiring of a new senior staff dentist. A search was conducted utilizing the services of a Management Consultant firm and, in December 1986, Dr. Jim Gillespie was hired as the new Assistant-Registrar. Jim is a valuable asset for the College and his willingness to learn and keen attitude have been most advantageous. We welcome him aboard. His main duties will centre around complaints matters in the future.
12. The Executive Committee has urged that the hospital Chiefs of Service strongly satisfy themselves as to the competence of those practitioners treating congenital anomaly patients before sanctioning payment for these services. This item very much relates to item 7.
13. One aspect of our remedial approach to Complaints and Discipline that has created concern is the cost of multiple re-monitorings of a dentist's practice. These costs are substantial and the Executive will be considering the possibility of assessing fees for monitoring services over and above the initially-directed quota.

It has been a pleasure to serve as the Chairman of the Executive Committee these last two years and, as you can see from even the microcosmic highlighting of some of the issues we have had to deal with this last year, this is a most important and interesting R.C.D.S. Committee to serve on. Our complex times have bred complex issues and these have, in turn, required many complex decisions. Fortunately, I have had the good fortune to have been most ably assisted by an exemplary group of Committee members and hard-working staff. I have very much appreciated their efforts and diligence on behalf of the public of Ontario and, here, publicly thank them for their perseverance. I still feel the R.C.D.S. embodies most of what is excellent about self-government — I fervently hope it will continue. Thanks for reading.

*non-voting

Registration

REPORT OF THE REGISTRATION COMMITTEE

Chairman, R. M. Matsui, D.D.S.

Committee Members: W. J. Dunn, D.D.S., E. Swadron, L. L. Mickelson*

In 1986, the Registration Committee met on six occasions to deal with various applications for licensure and certification as well as to review the current Registration Regulations found under the Health Disciplines Act.

Applications for licensure in which all requirements are met are granted by the Registrar. Special cases are referred to the Committee for consideration. In total, 238 general licences were issued in 1986.

There were 32 specialty certifications granted including 7 Periodontists, 2 Paedodontists, 7 Orthodontists, 4 Oral and Maxillofacial Surgeons, 1 Oral Pathologist, 2 Endodontists, 5 Public Health Dentists, 1 Oral Radiologist, 3 Prosthodontists.

Periodontists

Robert C.K.C. Leung; Naser Derakhshan;
Alan K. Ghent; Jacques E. Thibault; Roger Issa;
Robert J. Stefanison; Christopher J. Wojcicki.

Paedodontists

Judy C. Martin; Peter A. Hayes.

Orthodontists

Michael A. Rorke; Anthony Strelzow; Olen A. Tucker;
Stanley H. Kagetsu; Barry W. White; Gerald A. Zeit;
Winnie G. Grewal.

Oral and Maxillofacial Surgeons

Gary M. Cousens; Henry J. Lapointe;
Marvin Schwartz; Nick Katsikeris.

Oral Pathologist

Grace Bradley

Endodontists

Richard B. Blackman; Donald J. Chorkawy.

Public Health Dentists

Sophie T. Rozycki; Donald J. McFarlane;
Andrew J. Lee; Robert F. Cooper; Frankland M. Wilson.

Oral Radiologist

Paula A. Sikorski

Prosthodontists

Claude A. Bergeron; Shaukat A. Chaney;
Joanne N. Walton

The following consultants advised the Committee in its deliberations concerning applications for specialty certification:

Specialty	Appointed by R.C.D.S.	Appointed by Specialty Group
Dental Public Health	Dr. Sam M. Green	Dr. James L. Leake
Endodontics	Dr. Joel J. Edelson	Dr. Michael S. Sherman
Oral Pathology	Dr. John A. Pedler	Dr. G.P. Wysocki
Oral Radiology	Dr. John A. Reid	Dr. S.M. Fireman
Oral and Maxillofacial Surgery	Dr. Edward M.G. Dore	Dr. Howard Chung
Orthodontics	Dr. W.D. Beaton	Dr. R. Bozek
Paedodontics	Dr. Keith R. Morley	Dr. F. Pulver
Periodontics	Dr. James Stakiw	Dr. H. Freedman
Prosthodontics	Dr. Donald R. Gratton	Dr. Donald R. Kramer

After considerable discussion and debate, Council approved draft regulations proposed by the Registration Committee pertaining to Registration matters involving the R.C.D.S. For your information, the following proposal was forwarded to the Provincial Government requesting appropriate Regulation changes as soon as possible.

PROPOSED REGULATION CHANGES

At the November 27, 28, 1986 meeting of the R.C.D.S. Council, several Regulation changes were approved.

Since it is necessary to receive government approval before the present law can be changed, the following information is provided for *information purposes only*.

a) Registration Regulations

The following changes were passed by Council on November 27, 1986, relative to Sections 25 — 36 inclusive of Regulation 447 under the Health Disciplines Act.

PROPOSED REGISTRATION REGULATIONS

25.(1) The following classes of licence are prescribed:

1. General
2. Academic
3. Hospital Practice
4. Graduate Student
5. Restricted General
6. Temporary

26. In this Regulation,

- (a) "annual membership fee" means the annual fee payable by the holder of a General, Academic, Hospital Practice or Restricted General licence as prescribed by this Regulation;
- (b) "applicant" means a person who applies for a licence under Part II of the Act and this Regulation;

- (c) "application fee" means the fee payable by an applicant on application for a licence as prescribed by Section 39 of this Regulation;
- (d) "cancelled" in relation to a member's licence means cancellation of a member's licence as a result of the member resigning from membership or for non-payment of the annual membership fee pursuant to Sections 22(2) or (3) of the Act;
- (e) "degree in dentistry" means a degree from a dental school that evidences successful completion of a course in dental studies of at least four years duration at a university;
- (f) "in good standing" in relation to a member of the College means that:
- (i) the member is not in default in payment of any fees prescribed by this Regulation;
 - (ii) the member is not the subject of any pending disciplinary, incompetence or incapacity proceeding;
 - (iii) the member's licence is not revoked or suspended, nor is the member subject to any outstanding penalty or sanction imposed by the College; and
 - (iv) the member's licence is not subject to a term, condition or limitation imposed pursuant to Section 32 of the Act.
- (g) "qualifying period" means a period of five years from the date of issuance of an Academic licence during which the licensee has continuously held the licence;
- (h) "recognized dental jurisdiction" means a province or territory in Canada or a state in the United States of America.
27. The requirements and qualifications for the issuing of a General licence are that the applicant:
- (a) completes and submits an application in the form provided by the Registrar;
 - (b) presents proof that the applicant is the holder of a degree in dentistry;
 - (c) is a Canadian citizen or has permanent resident status or an employment authorization under the *Immigration Act* (Canada);
 - (d) presents proof that the applicant is the holder of a certificate of the National Dental Examining Board of Canada evidencing that the applicant has successfully completed:
 - (i) the examination of that Board; or
 - (ii) a program of studies leading to a degree in dentistry at a dental faculty of a university in Canada;
 - (e) presents proof that since obtaining the certificate referred to in subparagraph (d) above no three year period of time has elapsed during which the applicant has not engaged in the practice of dentistry on a continual and regular basis in a recognized dental jurisdiction pursuant to a valid licence;
 - (f) where the applicant has previously practised dentistry, provides proof that there has been no finding of, and that there is no pending proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding or proceeding against the applicant;
 - (g) where the applicant's basic dental education was not conducted in English or in French, has the ability to speak and write in the English or French language with reasonable fluency;
 - (h) has successfully completed such examinations as have been set or approved by the Council at the time of the application;
 - (i) pays the application fee for a General licence; and
 - (j) pays the annual membership fee and any other monies that may be due to the College as prescribed by this Regulation.
- 28.(1) The requirements and qualifications for the issuing of an Academic licence are that the applicant:
- (a) completes and submits an application in the form provided by the Registrar;
 - (b) presents proof that the applicant is the holder of a degree in dentistry;
 - (c) is a Canadian citizen or has permanent resident status or an employment authorization under the *Immigration Act* (Canada);
 - (d) presents proof that the applicant has a full-time appointment of professorial rank to the faculty of dentistry of a university in Ontario;
 - (e) where the applicant has previously practised dentistry, presents proof that there has been no finding of, and that there is no pending proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding or proceeding against the applicant;
 - (f) pays the application fee for an Academic licence; and

- (g) pays the annual membership fee and any other monies that may be due to the College as prescribed by this Regulation.
- 28.(2) It is a term and condition of every Academic licence that the licensee at all times continue to hold a full-time appointment of professorial rank to the faculty of dentistry of a university in Ontario and should the licensee cease to comply with this requirement, the Academic licence automatically terminates.
- 28.(3) It is a term and condition of every Academic licence that where the licence was issued subject to a term, condition or limitation, the licensee may only engage in the practice of dentistry in accordance with same.
- 28.(4) Provided the licensee is a member in good standing in the College and holds an Academic licence free from any term, condition or limitation imposed by the Registration Committee, the Registrar shall issue to said licensee, after the completion of the qualifying period, a General licence in the place and stead of the Academic licence without payment of the application fee for a General licence.
- 29.(1) The requirements and qualifications for the issuing of a Hospital Practice licence are that the applicant:
- (a) completes and submits an application in the form provided by the Registrar;
 - (b) presents proof that the applicant is the holder of a degree in dentistry;
 - (c) is a Canadian citizen or has permanent resident status or an employment authorization under the *Immigration Act* (Canada);
 - (d) provides a copy of:
 - (i) a written agreement of hospital internship or residency for a program approved by the Council on Education and Accreditation of the Canadian Dental Association; or
 - (ii) where the program of study requires clinical experience in an institutional setting other than a public hospital, a written agreement between the applicant and the faculty of dentistry of a university in Ontario relative to the program of studies;
 - (e) where the applicant's basic dental education was not conducted in English or in French, has the ability to speak and write in the English or French language with reasonable fluency;
 - (f) where the applicant has previously practised dentistry, provides proof that there has been no finding of, and that there is no pending proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding or proceeding against the applicant;
 - (g) pays to the College the fee required to obtain inclusion in the professional liability insurance program provided through the College or presents proof of the existence of a policy of dental malpractice insurance in a form and amount satisfactory to the College providing coverage to the applicant for acts or omissions in the performance or intended performance of the practice of dentistry for which the Hospital Practice licence is to be issued;
 - (h) pays the application fee for a Hospital Practice licence; and
 - (i) pays the annual membership fee and any other monies that may be due to the College as prescribed by this Regulation.
- 29.(2) The Hospital Practice licence terminates automatically when the licensee is no longer engaged in the internship, residency or other program of study in respect of which it was issued.
- 29.(3) It is a term and condition of every Hospital Practice licence that:
- (a) where the licence was issued pursuant to subsection (1) (d) (i), the licensee shall only engage in the practice of dentistry:
 - (i) in the hospital or hospitals where he is an intern or resident; and
 - (ii) under a person designated by the head of the dental or medical staff or alternatively, designated by the governing body or authority of the hospital;
 - (b) where the licence was issued pursuant to subsection (1) (d) (ii), the licensee shall only engage in the practice of dentistry:
 - (i) in the faculty of dentistry of a university in Ontario or such other place as may be provided for in the agreement referred to in subsection (1) (d) (ii); and
 - (ii) under the member of the academic staff so designated by the faculty of dentistry of the university in Ontario with which said agreement was made.
- 29.(4) It is a term and condition of every Hospital Practice licence that the licensee maintain during the currency of said licence errors and omissions insurance in accordance with the requirements of subsection (1) (g).
- 30.(1) the requirements and qualifications for the issuing of a Graduate Student licence are that the applicant:

- (a) completes and submits an application in the form provided by the Registrar;
 - (b) presents proof that the applicant is the holder of a degree in dentistry;
 - (c) is a Canadian citizen or has permanent resident status or an employment or student authorization under the *Immigration Act* (Canada);
 - (d) is enrolled as a full-time graduate or post-graduate student in a graduate or post-graduate program of studies approved by the Council on Education and Accreditation of the Canadian Dental Association in the faculty of dentistry of a university in Ontario other than a program referred to in Section 29(1) (d) of this Regulation;
 - (e) where the applicant's basic dental education was not conducted in English or French, has the ability to speak and write in the English or French language with reasonable fluency; and
 - (f) where the applicant has previously practised dentistry, provides proof that there has been no finding of, and that there is no pending proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding or proceeding against the applicant;
- 30.(2) The Graduate Student licence:
- (a) terminates automatically when the licensee is no longer enrolled in the graduate or post-graduate program in respect of which it was issued; and
 - (b) is applicable only to such aspects of the practice of dentistry as constitute components of the graduate or post-graduate program of studies in respect of which it was issued.
- 30.(3) It is a term and condition of every Graduate Student licence that the licensee shall only engage in the practice of dentistry:
- (a) in such places as may be approved by the faculty of dentistry of the university in Ontario where the licensee is enrolled and as are required for the licensee's program of studies; and
 - (b) under the member of the academic staff so designated by the faculty of dentistry of the university in Ontario where the licensee is enrolled.
31. The holder of a Hospital Practice or Graduate Student licence shall not charge or receive fees for the performance of any acts within the practice of dentistry.
- 32.(1) The requirements and qualifications for the issuing of a Restricted General licence are that the applicant:
- (a) completes and submits an application in the form provided by the Registrar;
 - (b) presents proof that the applicant is the holder of a degree in dentistry;
 - (c) is a Canadian citizen or has permanent resident status or an employment authorization under the *Immigration Act* (Canada);
 - (d) has successfully completed the specialty training program relative to the branch of dentistry in which the Restricted General licence is sought as set out in Sections 38(1) (d) (i),(ii),(iii),(iv),(v),(vi),(vii),(viii) or (ix) or meets the requirements of Section 38(2);
 - (e) provides proof that there has been no finding of, and that there is no pending proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding or proceeding against the applicant;
 - (f) presents proof that since obtaining a degree in dentistry no three year period of time has elapsed during which the applicant has not engaged in the practice of dentistry on a continual and regular basis in a recognized dental jurisdiction pursuant to a valid licence;
 - (g) where the applicant's basic dental education was not conducted in English or French, has the ability to speak and write in the English or French language with reasonable fluency;
 - (h) pays the application fee for a Restricted General licence; and
 - (i) pays the annual membership fee and any other monies that may be due to the College as prescribed by this Regulation.
- 32.(2) It is a term and condition of a Restricted General licence that the licensee may only engage in the practice of dentistry in the branch of dentistry in respect of which the licence was issued.
- 32.(3) The holder of a Restricted General licence is not entitled to announce or hold out to the public that said member is a specialist or is specially qualified in a branch of dentistry or that said member limits his practice to any branch of dentistry unless the member holds a specialty certificate issued by the College in that branch of dentistry.
- 32.(4) Where an applicant applies for a Restricted General licence in more than one branch of dentistry, the applicant shall pay the application fee for a Restricted General licence relative to each specialty in respect of which application is made, but where the applicant is issued a Restricted General licence in more than one specialty, shall pay only one annual membership fee each year.

- 33.(1) The requirements and qualifications for the issuing of a Temporary licence are that the applicant:
- (a) completes and submits an application in the form provided by the Registrar;
 - (b) presents proof that the applicant is the holder of a degree in dentistry;
 - (c) provides a copy of a written invitation directed specifically to the applicant from a faculty of dentistry of a university in Ontario or a public hospital with a department of dentistry approved by the Council on Hospital and Institutional Services of the Canadian Dental Association to offer an instructional program relative to the practice of dentistry;
 - (d) presents proof that there has been no finding of, and that there is no pending proceeding involving an allegation of professional misconduct, incompetence or incapacity or any like finding or proceeding against the applicant
 - (e) presents proof of the existence of a policy of insurance in a form and amount satisfactory to the College providing coverage to the applicant and anyone who may act under the applicant's supervision or direction during the period of the existence of the Temporary licence respecting any act or omission which may result from the applicant's or such person's performance or intended performance of professional dental services in Ontario; and
 - (f) pays the application fee for a Temporary licence.
- 33.(2) It is a term and condition of every Temporary licence that:
- (a) the licensee shall not engage in the practice of dentistry except in respect of which the Temporary licence was issued; and
 - (b) the Temporary licence shall automatically expire fourteen days after its issuance or on the completion of said instructional program, whichever first occurs, and is not renewable without further application.
- 34.(1) Subject to subsection (2), where a member's name is entered in any register referred to in section 32(5) of the Act, the name in the register shall be the same as the name of the member in the documentary evidence of the member's degree in dentistry.
- 34.(2) An applicant for a licence or a member may request entry in a register in a name other than the name required by subsection (1), and the Registrar may cause such other name to be entered in a register if the applicant or member, as the case may be, presents to the Registrar:
- (a) a certified copy of an order of a court of competent jurisdiction in Ontario changing the applicant's or member's name; or
 - (b) a certified copy of a valid certificate of marriage or a final decree of divorce recognized as valid in Canada together with such documentary material that in the opinion of the Registrar sufficiently identifies the applicant or member as the person named in the documentary evidence of the applicant's or member's degree in dentistry; and the name which the applicant or member has requested be entered in the register is the same as that appearing in the documentary material referenced in subparagraphs (a) or (b) above.
- 34.(3) A member shall notify the Registrar in writing of:
- (a) every office address at which the member engages in the practice of dentistry in Ontario;
 - (b) the address of the member's principal residence; and
 - (c) a designated address in Ontario for receipt of correspondence from the College; and shall notify the Registrar of any change in any of such addresses within ten days of such change.
- 35.(1) Where an annual membership fee is required by this Regulation, it is due:
- (a) in the case of an applicant for a licence, before the issuing of the licence;
 - (b) in the case of a member other than those holding Hospital Practice licences, on the 1st day of January in each year; and
 - (c) in the case of a member holding a Hospital Practice licence, twelve months from the date the licence was issued and every twelve months thereafter.
- 35.(2) At least thirty days before a member's annual membership fee for a year is due, the Registrar shall mail to the member a fees payment form, together with a notice stating the date the member's annual membership fee for the year is due, the amount of the fee, and that a penalty for late payment of same as prescribed by this Regulation will be due and owing should the annual membership fee not have been received by the College on or before the due date.
- 35.(3) The registrar shall issue a receipt to a member upon receipt of the member's completed annual fees payment form, annual membership fee and late payment penalty, if any.

- 35.(4) The obligation to pay the annual membership fee for any year or part of a year in which the member engages in the practice of dentistry in Ontario and the penalty for late payment of same, if any, continues notwithstanding that the member's licence has been cancelled.
- 36.(1) Where the Registrar proposes to cancel the licence of a member for default in payment of the annual membership fee in any year, the Registrar shall send to the member by ordinary mail a notice advising of the default and of the intention to cancel the licence.
- 36.(2) Where a member's licence has been cancelled, the Registrar shall so notify the member by registered mail.
- 36.(3) Where a member's licence has been cancelled, the requirements and qualifications for the re-issuance of the licence are that the applicant:
- (a) prior to the cancellation of the licence, was the holder of a General, Academic, or Restricted General licence;
 - (b) makes application for the re-issuance within three years from the date of cancellation of the licence;
 - (c) completes and submits an application in the form provided by the Registrar;
 - (d) pays the annual membership fee for the year in respect of which the application for a re-issuance is made;
 - (e) where the applicant engaged in the practice of dentistry in Ontario during any part of the year in which the licence was cancelled, pays the annual membership fee for that year if not already paid;
 - (f) pays the penalty for late payment of the fee provided for in subparagraph (e) above, if any; and
 - (g) pays the administrative fee for the re-issuance as prescribed by this Regulation.
- 36.(4) Any person whose licence was cancelled and who has remained unlicensed in Ontario for a period of three or more years and who wishes to be licensed to engage in the practice of dentistry in Ontario shall apply for a new licence and shall satisfy all requirements and qualifications prescribed by this Regulation for the class of licence in respect of which the application is made.
- 37.(1) The class of specialist set out in Column 1 of the following Table opposite the name of a branch of dentistry set out in Column 2 of the Table is the class of specialist in that branch of dentistry:

TABLE

Item	COLUMN 1	COLUMN 2
	<i>Class of Specialist</i>	<i>Branch of Dentistry</i>
1	oral and maxillofacial surgeon	oral and maxillofacial surgery
2	orthodontist	orthodontics
3	paediatric dentist	paediatric dentistry
4	periodontist	periodontics
5	public health dentist	dental public health
6	endodontist	endodontics
7	oral pathologist	oral pathology
8	oral radiologist	oral radiology
9	prosthodontist	prosthodontics
37.(2)	A specialist certificate in a branch of dentistry set out in Section 37(1) shall be issued to an applicant who meets the requirements and qualifications prescribed in this Regulation for the particular branch of dentistry in respect of which application is made.	
38.(1)	The requirements and qualifications for the issuance of a specialist certificate in a branch of dentistry are:	
	(a)	completion and submission of an application for a specialist certificate in the branch of dentistry in the form provided by the Registrar;
	(b)	the applicant is a member of the College in good standing;
	(c)	completion of at least twelve consecutive months experience in the general practice of dentistry before the commencement of specialist training in the branch of dentistry;
	(d)	in the case of,
	(i)	oral and maxillofacial surgery, successful completion of a diploma or degree program in oral and maxillofacial surgery consisting of a minimum of thirty-three months of full-time instruction;
	(ii)	orthodontics, successful completion of a diploma or degree program in orthodontics consisting of a minimum of twenty-two months of full-time instruction;
	(iii)	paediatric dentistry, successful completion of a diploma or degree program in paediatric dentistry, consisting of a minimum of twenty-two months of full-time instruction;

- (iv) periodontics, successful completion of a diploma or degree program in periodontics consisting of a minimum of twenty-two months of full-time instruction;
 - (v) dental public health, successful completion of a diploma or degree program in public health consisting of a minimum of twenty-two months of full-time instruction;
 - (vi) endodontics, successful completion of a diploma or degree program in endodontics consisting of a minimum of twenty-two months of full-time instruction;
 - (vii) oral pathology, successful completion of a diploma or degree program in oral pathology consisting of a minimum of thirty-three months of full-time instruction and successful completion of the membership examination in oral pathology of the Royal College of Dentists of Canada;
 - (viii) oral radiology, successful completion of a diploma or degree program in oral radiology, consisting of a minimum of twenty-two months of full-time instruction;
 - (ix) prosthodontics, successful completion of a diploma or degree program in prosthodontics consisting of a minimum of twenty-two months of full-time instruction; and
- (e) payment of the application fee for a specialist certificate;
provided always that the Registration Committee may exempt an applicant from any of the requirements and qualifications for a specialist certificate set out herein.
- 38.(2) An applicant who is the holder of a Fellowship in the Royal College of Dentists of Canada in any branch of dentistry referred to in subclause (1) (d) (i),(ii),(iii),(iv),(v),(vi), (vii),(viii) or (ix) is exempt from the qualifications referred to in those subclauses relative to the particular branch of dentistry in which the applicant has qualified as a Fellow of the Royal College of Dentists of Canada.
39. The fee payable on application for:
- (a) a General, Academic or Restricted General licence is \$200.00;
 - (b) a Hospital Practice licence is \$25.00;
 - (c) a Temporary licence is \$25.00;
 - (d) a specialist certificate is \$200.00;
40. The annual membership fee payable by a licensee who holds:
- (a) a General, Academic or Restricted General licence is \$750.00, save that if the initial application for the licence is made after April 30th of any year, then the annual membership fee for that year is \$650.00
 - (b) a Hospital Practice licence is \$75.00.
41. The penalty for late payment of the annual membership fee for any class of licence is \$200.00.
42. The administrative fee for re-issuing a General, Academic, or Restricted General licence pursuant to Section 36(3) of this Regulation is \$100.00.
43. The fee required to be included in the professional liability insurance program issued through the College is \$450.00.
- On direction of Council, the Registration Committee held a special meeting on October 30, 1986, to discuss the subjects of
- 1) certification of specialists by credentials versus by qualifying examinations, and
 - 2) the mandatory one-year general practice requirement prior to entering specialty training.
- In attendance were representatives of all the Specialty Groups (except endodontics and prosthodontics), the N.D.E.B. and the R.C.D.(C). There was strong support for the idea of instituting qualifying examinations as one requirement for specialty certification. Opinion on the one-year general practice requirement was more divided.
- Council will be discussing these issues in 1987 — your comments are welcome.
- This concludes my report on the activities of the Registration Committee. It has been an honour and privilege serving on your behalf as Chairman during the past two years. A special thanks to the hard working and dedicated members of my Committee, Dr. Ken Pownall and Mr. Alan Bromstein, our legal Counsel.
- *non-voting

Complaints

REPORT OF THE COMPLAINTS COMMITTEE

Chairman: W. R. Hilliard, D.D.S.

Committee Members: R. M. Matsui, D.D.S.,
Z. M. Dossett, L.L. Mickelson*

In 1986 the Complaints Committee met for 18 day and 3 evening sessions. In total the Committee reviewed 297 complaints. Many were dealt with by cautioning the dentist or obtaining a commitment to complete upgrading courses, and some were sent to the Discipline Committee for further consideration. (See the Discipline Committee report in another section of the Proceedings.) As directed by the Committee, a significant number of telephone enquiries and complaints matters were resolved by the College staff.

The usual process for a complaints investigation is that a case is presented to the Committee with available records, x-rays and study models, as well as all correspondence. When deemed necessary the dentist and/or the patient are interviewed. The Committee after thorough and careful deliberation then decide upon a course of action for the matter.

Complaints this year fall into the following categories:

1. Failure to treat or treat adequately to ensure a satisfactory result for the patient.
2. Untoward effects of treatment; i.e. a result that was not intended.
3. Inadequate diagnosis or failure to diagnose entirely.
4. Overcharging.
5. Advertising. (This usually arises when other members report what they perceive to be advertising.)
6. Disputes over practices or patient records when associations and partnerships break up.

Some words of caution can be noted here which can help practitioners avoid these common problems:

1. Be cautious regarding the results that you promise before work is commenced. Very few dental treatments can produce a result that will make the patient euphoric. Do not raise the patient's expectations too high since this may result in dissatisfaction and disappointment.
2. Know the limitations of your skills, e.g. — temporomandibular joint therapy. Many treatments may work for certain patients but not for others. It is prudent to wait for a new treatment modality to prove itself before accepting or using it widely.
3. Take time to communicate with and inform patients *before* you perform any treatment, and be sure to explain the possible risks entailed in the treatment. This

should be done in writing and recorded on the patient's chart.

4. Specialists and general practitioners have a duty to the patient and each other to insure a continuity of communication and information regarding treatment. Patients left in limbo become unhappy patients.

HEALTH DISCIPLINES BOARD

During 1986, 26 cases were appealed to the Health Disciplines Board. The Board upheld our decisions in 9 cases, 2 were sent back to the Committee for further action, 2 were referred to the Discipline Committee of the College, and 13 are pending. It should be noted that the Health Disciplines Board historically has upheld the vast majority of this College's decisions, and this trend is continuing.

Acknowledgement

A special thank you to Mrs. Gladys Holder, Mrs. Marilyn Bjorndahl, Ms. Gail Kemball and Mrs. Kay Chuckman of the College staff who maintain control of the large volume of material that flows through the Complaints Department. The members of the Committee also extend our thanks to Dr. Donald J. McFarlane, Dr. Kerry S. Mathers and Dr. James M. Gillespie for their efforts to compile and present the material in an organized and complete manner.

My personal appreciation is extended to Dr. Rollin Matsui and Mrs. Zita Dossett for their many hours of work preparing for our meetings and their dedication to these tasks. All of these efforts make the work load of the Committee more tolerable than would otherwise be the case.

*May be invited to attend any meeting of the Committee (without voting privileges) where matters involving dental hygiene or a specific dental hygienist are to be considered.

Discipline

REPORT OF THE DISCIPLINE COMMITTEE

Chairman: R.L. Fillion, D.D.S.

Committee Members: R.M. Beyers, D.D.S.,
G.G. Grayson, D.D.S., R.T. Lang, D.D.S.,
G. Nikiforuk, D.D.S., W.H. Treleaven, D.D.S.,
J. Stefura, E. Swadron, R. Donaldson *

As stated in last year's Proceedings, the College is no longer reporting on individual cases in this publication, since these cases are published in the R.C.D.S. DISPATCH. The reader should therefore refer to the Dispatch for detailed reports on individual cases which were heard during 1986.

This year the work of the Discipline Committee was significantly reduced by the ongoing implementation of the policy of using a remedial rather than a punitive one in dealing with certain cases at the Complaints or Executive Committees level. This means that on many occasions a member is asked to agree to enroll in remedial courses and to have his/her practice monitored in lieu of being referred to the Discipline Committee. The adoption of such a policy, in the opinion of the Discipline Committee, has been successful. It has brought forth a system of dealing with professional misconduct much more in line with the approach which is currently used by the legal system. The Committee urges those members who have been enrolled in these remedial courses to do their best to give credibility to this program as a means of dealing with professional inadequacies.

At the end of our term a case was presented to the Committee which caused it to engage in much soulsearching. The case involved a young practitioner who admitted to serious instances of fraud, but the real problem in this case was compounded by the fact that expert testimony by two very prominent clinical psychologists indicated that a prolonged suspension or a publication of the individual's name would probably result in a total destruction of the member and an attempt at ending his life. While the panel realized the gravity of the offence, and that such an offence could not go unpunished, it could not ignore the expert testimony it had heard. After some deliberation, the Committee decided to accept the joint suggestion made by both legal counsels to assign the member to community work. As part of his penalty, that member will be required to serve sixty full days during the next two years, doing dentistry free of charge in institutions. When one considers the tremendous loss of income which is to be sustained by this individual, I am sure that the members will agree that the penalty was certainly appropriate.

This year the work of the Discipline Committee was significantly reduced by the ongoing implementation of the policy of using a remedial rather than a punitive one in dealing with certain cases at the Complaints or Executive Committees level.

The reason I have gone into some detail is that it illustrates how a committee in co-operation with the parties involved can develop innovative and positive approaches in dealing with its members without compromising our mandate of protecting the public.

In closing, the committee acknowledges the assistance rendered by Dr. E. Fox and his College staff, and by the lawyers who labour to assist us in doing the best job possible.

*May be invited to attend any meeting of the Committee (without voting privileges) where matters involving dental hygiene or a specific dental hygienist are to be considered.

Dental Hygiene

REPORT OF THE DENTAL HYGIENE MATTERS COMMITTEE

Chairperson: Mrs. Lynda Mickelson

Committee Members: R. Donaldson,
G. G. Grayson, D.D.S., R. T. Lang, D.D.S.,
E. Swadron

In 1986 this committee was struck to deal with dental hygiene issues. Previously dental hygiene matters, apart from education and licensing examinations had been discussed at the Executive Committee and/or the Council of the College, where the dental hygienist observers could not vote. Now most dental hygiene issues are discussed by this committee. Major issues must be ratified by Council.

In separating dental hygiene issues, the R.C.D.S. acknowledges the status of dental hygiene as a profession with specific concerns. This committee with a dental hygienist observer as chairperson is a progression in the governing of dental hygiene in Ontario.

The decision of the Health Professions Legislation Review Committee should, when completed, determine a regulatory mechanism which will permit fair representation and voting privileges for dental hygienists.

DENTAL HYGIENE EDUCATION TASK FORCE

In 1984, Bette Stephenson's Task Force on dental hygiene education recommended that the Community College dental hygiene programs be accredited to assure the quality of dental hygiene education. The Task Force, however, failed to address several other issues which are R.C.D.S. policy. The Committee therefore recommended that these issues be pursued with the Council of Regents. It was agreed that Dr. Pownall, Mrs. Strevens, Mrs. Mickelson and Dr. Pitkin make a presentation to the Council of Regents to discuss:

- a two-year dental hygiene program which eliminates the unnecessary portions of the dental assisting year and adds more pertinent dental hygiene material.
- the two-year dental hygiene course as a separate entity from dental assisting to help eliminate the discrimination towards males.
- a selection process and admission criteria which are standardized throughout Ontario.
- admissions testing centres in three or four areas of the province, with standardized tests being conducted.

The accreditation process has been completed at all Ontario Colleges of Applied Arts and Technology. Brian Henderson, Director of Accreditation of the Canadian Dental Association, submitted a report on behalf of the C.D.A. to the Council of Regents. He states that "Some attempt should be made to reduce the compression of the Ontario dental hygiene programs".

The R.C.D.S. presented a similar proposal which was received by Joanne Poglitsch, Manager of College Program Section, Council of Regents. Since that time, the Chairman of the Council of Regents has changed. To date, we have not received any further information regarding the extension of the dental hygiene program.

The R.C.D.S. also had concerns about the admissions policy. The C.A.A.T.'s Admissions Policy has been revised and the ministry is satisfied with it. According to Mr. MacKenzie, of the Ministry of Colleges and Universities, it was felt that the R.C.D.S. proposal was too specific with regards to the suggestion that three or four testing centres and standardized entrance tests be implemented.

Pilot Project (Alternative to R.C.D.S. Licensing Examination for dental hygienists)

Recommendation #6 from Bette Stephenson's 1984 Task Force Report on Dental Hygiene Education states:

- 6.1 That the continued involvement of the R.C.D.S. in clinical examination of graduates/students of dental hygiene programs take the form of R.C.D.S. attendance at scheduled clinical periods during the last few weeks of the program. It is expected that the R.C.D.S. would examine selected student clinical performance records, interview clinical faculty and assess student performance by direct observation of scaling, during the treatment of a patient of Class III difficulty. Students judged to be lacking clinical skills would be the subject of further assessment after an additional period of practice as determined by the program faculty.
- 6.2 Given the implementation of C.D.A. accreditation of dental hygiene programs, that the R.C.D.S. be asked to review within four years the need to continue external examinations of graduates as a prerequisite to licensing with a view to discontinuing the examinations.

A committee on Alternate Examination Procedures for Dental Hygienists was struck with representatives from the R.C.D.S. and the Ministry of Colleges and Universities. This meeting engendered a spirit of co-operation.

Members:

Mrs. L. Strevens (Chair)
Mrs. L. Mickelson
Dr. G. E. Pitkin
Dr. K. F. Pownall
Mr. Lorne MacKenzie

Ms. Carole Ono
Dr. Brook Gardner
Ms. Jacqueline Roberts
Ms. Elaine Hykawy

- Program Administrator,
College Programs Unit,
College Affairs Branch
- Seneca College
- St. Clair College
- Niagara College
- Ministry of Health

The meeting proved to be productive and collaborative.

Two colleges were randomly selected to participate in the project; these were Niagara and Confederation. It is anticipated that the pilot will be in place for the spring of 1987.

The R.C.D.S. criteria and guidelines for on-site visitation of the George Brown Expanded Duty Dental Hygiene Program will be used as a basis. However, the Committee thought that a more specifically structured criteria would be necessary for the pilot.

In order to gain as much expertise as possible, a sub-committee was struck, composed of educators and evaluators. The first meeting was held on November 21st, 1986.

Manpower

M.C.U. will increase the intake of dental hygiene students. Confederation College in Thunder Bay is admitting dental hygiene students every year instead of alternate years (on a three-year trial basis). In 1987, the Colleges will be permitted to increase the intake by 15-20%.

Licensing Examination Fee

The fee has been increased from \$150.00 to \$200.00.

Graduate dental hygienists presenting for licensing examinations will be covered by the R.C.D.S. Malpractice Insurance Policy. The fee will be taken from the examination fee.

Educational Appointee

Since the Dental Hygiene Committee deals with many educational issues, it was agreed that Community College educators will be invited to meetings on a rotating basis.

Expanded Duty Dental Hygiene Program

Council, in November 1985, approved that the R.C.D.S. eliminate the qualifying examination for the expanded duty dental hygienists. An on-site observation session by two dentists appointed by the College was conducted. Drs. Bielawski and Brown made a very thorough report and found the program to be excellent, although some positive criticism was provided to George Brown. Their summary to us states: "The Expanded Duty Dental Hygiene Program is well designed and efficiently managed. Upon successful completion of this program, the students are competent to treat patients in private practice."

The on-site observation session will continue for 1987.

An out-of-province E.D.D.H. examination will be held in February, 1987 at the Faculty of Dentistry, U. of T. Unsuccessful candidates will be required to take a refresher course at George Brown College prior to a supplemental examination.

Council approved in principle this committee's recommendation that E.D.D.H.'s functions include the making and ce-

menting of temporary crowns and bridges. The Legal and Legislation Committee will develop specific language and bring the issue back to Council.

Continuing Education

A meeting was held on November 10th, 1986 with Mrs. Mai Pohlak, Coordinator of Continuing Dental Education, Faculty of Dentistry, University of Toronto. Many continuing education courses held by the University of Toronto are open to dental hygienists. More courses will be developed and offered for dental hygienists.

Dental Hygiene License Fee Budget

This committee brought to Council for discussion the idea that a separate budget be struck for dental hygienists for the 1987-1988 term. If a separate bookkeeping system for the collection of the dental hygiene license fees were established, actual figures would be available to determine the need for license fee increases. Council negated the idea.

Preventive Dental Assistants

This issue has resurfaced; although courses have not been offered since 1978.

Information concerning names and addresses of preventive dental assistants is on record.

This is a complex issue requiring some thought and planning. If intra oral duties are added to the functions of dental assistants, these auxiliaries would require regulation.

The Committee will meet with the O.D.N. & A.A., O.D.H.A. and O.D.A. to determine the rationale for resurrecting the P.D.A. program.

The R.C.D.S. will also identify the following:

- the number of P.D.A.'s still registered;
- the type of functions being used in their present employment environment;
- the profile of services provided in private practice (to be obtained from the insurance companies);
- the history of the Government and profession's involvement in eliminating the training of the P.D.A.'s

Private Dental Assisting

Several programs to train dental assistants have been started by private enterprises.

The concern of the R.C.D.S., C.D.A. and the Ministry of Colleges and Universities is the standardization of these programs.

Canadian Dental Association

C.D.A. prepared a Dental Hygiene Competency Profile. For hygienists' duties to be consistent with other provinces, C.D.A. formally requested that the R.C.D.S. consider desen-

sitization of teeth and recontouring of finished restorations as functions of a licensed dental hygienist in Ontario. The desensitization of teeth was approved by Council, but the recontouring of finished restorations was rejected.

Regulations

Issues such as re-entry to dental hygiene practice and disciplinary action will be settled with the regulations under the New Health Disciplines Act.

Another issue will be that the replacement of Reg. 446 will stipulate that in order to be licensed as a dental hygienist, the applicant must be a graduate of an accredited dental hygiene program.

The Supervision regulation will include topical application of desensitizing agents, as well as the application of topical anaesthetic.

Included in this report is the proposed Supervision Regulation. This committee did *not* draft this regulation. The initial content was passed by Council, revised by the Executive Committee, and drafted by the R.C.D.S. legal counsel.

The regulation is included for your information, as it specifically relates to dental hygiene matters. The Health Professions Legislation Review Committee is presently reviewing the supervision regulation and will be presenting their recommendations to the Minister of Health for approval.

PROPOSED REGULATION OF SUPERVISION OF DENTAL HYGIENISTS

SUPERVISION OF DENTAL HYGIENISTS

The following changes were passed by Council on April 17th, 1986 relative to the responsibilities that dentists must fulfill with regard to the supervision of dental hygienists.

50. (1) For the purposes of this section,

a) "Community Health setting" means any site where a health agency of a municipal or other government provides dental health services to the public;

b) "direction" means the authorization of a procedure, whether or not a member is present while the procedure is being performed;

c) "supervision" includes:

- (i) the diagnosis and authorization by a member of the procedure to be performed by personal examination of the patient;
- (ii) being present in the office suite or within the hospital site or community health setting while the procedure is performed, and
- (iii) ensuring the acceptability of the treatment by personal post-treatment examination of the patient.

2. Dental hygienists may perform the following specified acts in the practice of dentistry under the direction of a member subject to a duty to record and report to a member:

1. Inspection of the oral cavity and surrounding structures.
2. Taking a case history.
3. Recording of clinical findings.
4. Patient education including oral hygiene instruction, nutritional counselling and plaque control methodology.

3. Dental hygienists may perform the following specified acts in the practice of dentistry under the direction of a member where such member has first examined the patient to ensure the appropriateness of the procedures:

1. Periodontal examination.
2. Light, routine scaling for the removal of easily accessible calculus.
3. Prophylaxis.
4. Topical application of desensitizing agents and anticariogenic agents including pit and fissure sealants.
5. Polishing of fillings.
6. Application and removal of rubber dams on fully erupted teeth.
7. Taking of impressions for study models.

4. Notwithstanding the provisions of subsection 3, hereof, dental hygienists employed in a community health setting may perform the specified acts in the practice of dentistry listed in subsection 3. hereof in a Community Health setting under the direction of a member where a member or dental hygienist has first obtained a current recorded medical history from the patient which discloses no contrary indications for the procedures.

5. Dental hygienists may perform the following specified acts in the practice of dentistry under the supervision of a member:

1. Deep periodontal scaling of calculus which is predominantly subgingival.
2. Root planing.
3. Application and removal of rubber dams on teeth not fully erupted.
4. Application and removal of periodontal dressings.
5. Removal of sutures.

-
6. Placement and removal of arch wires previously fitted by a dentist.
 7. Separation of teeth prior to banding by a dentist.
 8. Cementation or removal of bands or brackets or both previously fitted by a dentist for orthodontic purposes.
6. Dental hygienists who have been approved in writing by the College may perform the following additional acts in the practice of dentistry under the supervision of a member:
1. Placement, finishing and polishing of amalgam, silicate and resin restorations.
 2. Placement and removal of matrix bands.
 3. Placement of cavity liners in a tooth where the pulp has not been exposed.
 4. Gingival retraction for impression taking.
 5. Cementation of temporary crowns previously fitted by a dentist.
 6. Placing of temporary fillings.
7. Preventive dental assistants who have successfully completed a preventive dental assistants' program of a College of Applied Arts and Technology, or other courses approved by the Council, and who provide to the college their name and current address, together with the name and business address of the member by whom they are employed, may perform the following specified acts in the practice of dentistry under the supervision of a member:
1. Mechanical polishing of the coronal portion of the teeth and not including any instrumentation.
 2. Taking impressions of teeth for study models.
 3. Topical application of anti-cariogenic agents.
 4. Placement and removal of rubber dams.
 5. Maintenance of a patient's oral hygiene.

It has been an honour to be the first woman to chair a committee at the R.C.D.S.

I thank:

- Dr. Pitkin for striking this committee and appointing a dental hygienist to the Chair;
- my committee members for their time and interest;
- Linda Strevens for her ongoing research, efficiency and valuable assistance;
- all staff of the College for their help;
- the dental hygienists who have communicated their thoughts and concerns on various issues.

EXAMINATION RESULTS — 1986 DENTAL HYGIENE CLINICAL EXAMINATION

COLLEGE	# CANDIDATES	PASS	FAIL	PERCENTAGE FAILED
ALGONQUIN (ENGLISH)	29	28	1) }	2.7
HYGIENE DENTAIRE	7	7	0) }	
CANADORE	8	8	0	0
CAMBRIAN	14	12	2	14.2
CONFEDERATION	11	10	1	9.0
DURHAM	19	18	1	5.2
FANSHAWE	13	11	2	15.3
GEORGE BROWN	33	32	1	3.0
GEORGIAN	10	10	0	0
NIAGARA	15	13	2	13.3
SENECA	13	13	0	0
ST. CLAIR	21	15	6	28.6
TOTAL	193	177	16	8.2
OUT-OF-PROVINCE (JULY)	25	17	8	32.0
OUT-OF-PROVINCE (DECEMBER)	16	15	1	6.2

DENTAL HYGIENE WRITTEN EXAMINATION*

COLLEGE		RANGE	MEAN
ALGONQUIN		53 — 69	66.2
CAMBRIAN		66 — 81	73.8
CONFEDERATION		68 — 80	74.7
FANSHAWE		66 — 87	74.9
GEORGIAN		67 — 80	73.3
NIAGARA		72 — 83	77.3
PROVINCIAL		RANGE	MEAN
ALL COLLEGES		53 — 87	73.7
TOTAL NUMBER OF CANDIDATES WRITING	70		
TOTAL NUMBER OF FAILURES	1		
* PASSING GRADE — 66%			
OUT-OF-PROVINCE		RANGE	MEAN
JULY	# OF CANDIDATES	49 — 81	71.6
	# OF FAILURES		
DECEMBER	# OF CANDIDATES	66 — 80	70.3
	# OF FAILURES		

RESULTS OF 1986 SUPPLEMENTAL DENTAL HYGIENE LICENSING EXAMINATIONS

COLLEGE	# CANDIDATES	PASS	FAIL
A) WRITTEN			
ALGONQUIN (FR)	1	—	1
OUT-OF-PROVINCE	4	2	2
OUT-OF-PROVINCE (1st try)	3	2	1
B) CLINICAL:			
ALGONQUIN	1	1	—
CAMBRIAN	2	1	1
CONFEDERATION	1	1	—
DURHAM	1	1	—
FANSHAWE	2	2	—
GEORGE BROWN	1	1	—
NIAGARA	2	2	—
ST. CLAIR	6	4	2
TOTAL	16	13	3
OUT-OF-PROVINCE	8	5	3
OUT-OF-PROVINCE (1st try)	3	3	—
CLINICAL OVERALL TOTAL (SUPPLEMENTALS ONLY)	24	18	6

Education

REPORT OF THE EDUCATION COMMITTEE

Chairman, G. Nikiforuk, D.D.S.

**Committee Members: R.L.J. Filion, D.D.S.,
W. R. Hilliard, D.D.S., W. H. Treleaven, D.D.S.,
Z. Dossett, R. Donaldson**

FUNCTIONS OF THE COMMITTEE

The Education Committee oversees the educational functions of the College. As defined in Section 21(2)b of the Health Disciplines Act, one of the objects of the College is to establish, maintain, and develop standards of knowledge and skill among its members. This function has been granted to the Education Committee.

The general areas of interest of this Committee are:

- 1) To provide continuing education programs for dentists and dental hygienists.
- 2) To study and implement methods in which the College can keep its members and dental hygienists better informed of current standards of practice: e.g. Denta-guide, videotape library, publications, etc.
- 3) To monitor the needs and demands of the profession for continuing education and to investigate the most effective methods of providing this information to the dentists and dental hygienists of Ontario.
This year, the Education Committee decided that a public education/awareness program, underscoring not only prevention but treatment options available, should receive higher priority. Accordingly, a fourth item has been added to the general area of interest.
- 4) To educate the public in the promotion of dental health (in concert with efforts of the C.D.A. and O.D.A.).

CONTINUING EDUCATION

A major activity of the Education Committee is to develop and monitor continuing education programs for dentists and dental hygienists.

The 1986-1987 R.C.D.S. speakers list is available to all local societies. Each local dental and dental hygiene society may select two one-day sessions and one two-day session per year.

A new format for administering the courses was approved by Council during 1986. The R.C.D.S. will pay for the speaker's honorarium and expenses only. A fixed sum per registrant will be rebated to the local society, from the registration fee, to assist with additional expenses of room rental, audio-visual equipment, meals and miscellaneous items.

REPORT OF THE EDUCATION COMMITTEE

The continuing education courses that were sponsored by the R.C.D.S. in 1986, at the different local dental and dental

hygiene societies are summarized in Appendix 'A'. In 1986, a total of 28 continuing education programs were sponsored by dentists with 507 dentists attending. A total of 19 continuing education programs were held by dental hygienists with 559 dental hygienists and 112 dental assistants attending.

Important as these programs are, it is obvious that less than 10% of practicing dentists, and about 20% of practicing hygienists attend R.C.D.S. continuing education programs. Since about 40% of dentists take courses on a regular basis, it is obvious that educational programs of professional organizations — local, provincial and national, play an important role in continuing education. In addition, the specialty, and general practice groups play an important role in continuing education.

In addition to the above programs, special grants have been allotted to:

- Northern Ontario Dental Association Annual Programs
- Kenora and Rainy River Dental Society
- Thunder Bay Dental Society in support of Rendezvous, 1986

Continuing Education Assessment

The new R.C.D.S. license renewal form for dentists and dental hygienists included a questionnaire concerning the needs assessment of Continuing Education Courses (Appendix B). This questionnaire will provide data as to the number of practitioners who attend courses, the activity of different local societies, and the kind of courses that are of greatest interest. Thus, it should be easier to more effectively plan the development of future courses and to sense the areas that should receive priority.

Priorities

Much has been said and written about the changing patterns of oral-dental diseases, particularly the dramatic decline in dental caries in children living in the industrialized countries. In addition, the demographics of dental disease is changing as more and more individuals survive past age 65-70. Edentulism has always been more a cultural trait than a sequelae of disease. With dental awareness increasing among the population it is highly probable that, in the coming generation, edentulism is a thing of the past. Thus, changes in disease patterns, sociological expectations, health awareness, along with an improved health care delivery system, are having an impact on future education programs.

One thing is clear — the future graduate must be prepared to learn new skills, to refine previously learned procedures in order to keep up with the fast pace of technological and basic advances that infringe upon and change the health picture of each generation.

APPENDIX A.

CONTINUING EDUCATION PROGRAMS — DENTISTS

Attendees

Bay of Quinte Dental Society

Friday, April 25, 1986

John Jenkins, B.D.Sc.

"The Use of Functional Removable Appliances in the Correction of Class II Malocclusions"

Bay of Quinte Dental Society

Friday, May 30, 1986

Donald Gratton, D.D.S.

"Maximizing Our Potential in Crown and Bridge"

Cornwall Dental Society

Thursday, February 13, 1986

Christopher Clark, D.D.S.

"Update on Preventive Dentistry"

Cornwall Dental Society

Thursday, April 10, 1986

Wayne Pulver, D.D.S.

"Contemporary Endodontics"

Cornwall and District Dental Society

Friday, November 14, 1986

Irwin Lightman, D.D.S. and Hugh MacKay, D.D.S.

"Geriatric Dentistry — Prognosis for the Near Future"

Elgin Dental Society

Friday, March 21, 1986

Ross Fisk, D.D.S.

"Orthodontic Appliances Used in General Practice"

Elgin District Dental Society

Friday, April 11, 1986

Franklin Pulver, D.D.S.

"The Acid Etch Technique"

Haldimand-Norfolk Dental Society

Friday, March 21, 1986

Dorothy McComb

"Current Aesthetic Restorative Materials"

Kenora/Rainy River Dental Society

Friday, May 2, 1986 and Saturday, May 3, 1986

Joe Gibilisco, D.D.S.

"T.M.J. Function and Disorders and Treatment"

Kenora/Rainy River Dental Society

Saturday, October 18, 1986

Makoto Suzuki, D.D.S.

"Current Development in Operative Dentistry"

Kirkland Lake Dental Society

Friday, May 2, 1986

Barry Singerman, D.D.S.

"System of Easier Endodontics"

Kirkland Lake Dental Society

Friday, October 24, 1986

Andrew Andrews, D.D.S.

"Practical Office and Oral Surgery Procedures"

Lambton County Dental Society

Thursday, October 9 and Friday, October 10, 1986

Donald Gratton, D.D.S. and Harinder Sandhu, B.D.S.

"Perio-Restorative Interaction"

North Bay Dental Society

Saturday, January 11, 1986

John Hardie, D.D.S.

"A.I.D.S."

Peterborough Dental Society

Friday, April 4, 1986

John Schaman, M.D.

"Cardio-Vascular Fitness and Medicine As it Applies to the Dental Practice"

Peterborough Dental Society

Friday, November 28, 1986

Robert S. Turnbull, D.D.S.

"Current Concepts in Periodontics and Surgical Techniques"

Porcupine Dental Society

Friday, April 25, 1986

Sheryl Feller, R.D.H. M.B.A.

"Effective Use of Auxiliaries"

Porcupine Dental Society

Friday, May 23, 1986

Donald Gratton, D.D.S.

"Significant Factors in Quality Crown and Bridge"

Renfrew Dental Society

Monday, December 8, 1986

William Hettenhausen, D.D.S.

"Your Teeth For a Lifetime"

CONTINUING EDUCATION PROGRAMS — DENTAL HYGIENISTS

Algoma Dental Hygienists

Saturday, April 12, 1986

Colin Dawes, B.D.S.

"Saliva and its Role in Oral Health and Disease"

Hamilton Dental Hygienists

Saturday, April 12, 1986

Thomas Daley, D.D.S.

"Common Oral Diseases"

Hamilton Dental Hygienists

Saturday, October 25, 1986

Evelyn Bird, Ph.D.

"T.M.J. and Bruxing Dysfunction and Relaxation/
Biofeedback Therapy"

Kingston and District Dental Hygienists

Saturday, February 1, 1986

George Wysocki, D.D.S.

"Pathology and Oral Diagnosis"

London and District Dental Hygienists

Saturday, March 1, 1986

Thomas Daley, D.D.S. and

George P. Wysocki, D.D.S.

"Communicable Diseases and Their Oral Manifestation"

London and District Dental Hygienists

Saturday, November 1, 1986

Pam Zarkowski, R.D.H., M.P.H.

"Update on Dental Hygiene"

North Toronto Dental Hygienists

Saturday, February 22, 1986

Fred Sunohara, Ph.D. and Walter Roschlau, M.D.

"Problems Related to Fate of Drugs — Absorption, Distribution, Metabolism, Excretion and Anti-Infective Agents"

North Toronto Dental Hygienists

Sunday, December 7, 1986

Joan McGowan, R.D.H., Ph.D.

"New Trends in Preventive Dentistry"

Northwestern Ontario Dental Hygienists

Saturday, May 3, 1986

David Mock, D.D.S.

"Oral and Communicable Diseases"

Northwestern Ontario Dental Hygienists

Saturday, October 18, 1986

Victor Rausch, D.D.S.

"Hetero and Self-Hypnosis"

Ottawa Dental Hygienists

Saturday, March 1, 1986

Sheryl Feller, R.D.H., M.B.A.

"Dental Team Effectiveness, Job Enrichment/Motivation"

Sudbury Dental Hygienists

Saturday, January 18, 1986

Evie Jesin, Dip. Dent. Hygiene, B.Sc.

"Let's Sharpen Up"

Thunder Bay Dental Hygienists

Saturday, March 8, 1986

John McKeown, B.A.

"Creative Thinking in Dentistry"

Toronto Central Dental Hygienists

Saturday, February 1, 1986

Jack Gryfe, D.D.S.

"Clinical Medicine for the Dental Hygienist"

Toronto Central Dental Hygienists

Saturday, October 25, 1986

George Burgman, D.D.S.

"Forensic Odontology"

Waterloo-Wellington Dental Hygienists

Friday, February 21, 1986

Thomas Daley, D.D.S.

"Current Topics in Oral Pathology and Common Oral Diseases"

Ottawa Dental Hygienists

Saturday, November 15, 1986

Keith Morley, D.D.S.

"Management of the Dental Phobic Child and Problematic Parents"

Peterborough Dental Hygienists

Saturday, April 26, 1986

John Hardie, D.D.S.

"Communicable Diseases and Infection Control Procedures"

Renfrew Dental Hygienists

Saturday, March 22, 1986

John Hardie, D.D.S. and

Jenny Thomas, Dip. Dent. Hygiene, B.A.

"Oral Care of Patients With Special Needs"

Questionnaire re: Continuing Education Courses**APPENDIX B.**

PLEASE LIST NUMERICALLY YOUR PRIORITIES USING THE NUMBERED KEY INDICATED BELOW.		PLEASE CHECK (✓) ONE FORMAT ONLY IN EACH OF THE PRIORITIES				
		LECTURE	DEMONSTRATION	PARTICIPATION		VIDEOTAPE
				LAB	CLINICAL	
PRIORITIES	KEY					
1.	_____	☐	☐	☐	☐	☐
2.	_____	☐	☐	☐	☐	☐
3.	_____	☐	☐	☐	☐	☐
4.	_____	☐	☐	☐	☐	☐
5.	_____	☐	☐	☐	☐	☐
K	1. DIAGNOSIS & TREATMT. PLANNING	6. ORAL MEDICINE	11. FIXED PROSTHETICS	16. OCCLUSION	21. ACUPUNCTURE	
E	2. ORAL RADIOGRAPHY & X-RAY SAFETY	7. PHARMACOLOGY	12. REMOVABLE PROSTHETICS	17. FORENSIC ODONTOLOGY	22. PREVENTIVE DENTISTRY (INCL. NUTRITION & SEALANTS)	
Y	3. INFECTION CONTROL	8. ANAESTHESIA & SEDATION	13. IMPLANTS	18. PERIODONTICS	23. HYPNOSIS	
	4. EMERGENCY MEASURES (INCL. C.P.R.)	9. ORAL & MAXILLOFACIAL SURGERY	14. GERONTOLOGY	19. ORTHODONTICS	24. PRACTICE ADMINISTRATION	
	5. ORAL PATHOLOGY	10. BASIC RESTORATIVE (INCL. MATERIALS & TECH.)	15. T.M.J.	20. PAEDODONTICS	25. UTILIZATION OF AUXILIARIES	
OTHER: _____						

Finance and Property

REPORT OF THE FINANCE AND PROPERTY COMMITTEE

Chairman: W. R. Patrick, D.D.S.

Committee Members: R. M. Beyers, D.D.S.,
Rev. R. P. Thomas, R. Donaldson

GENERAL COMMENTS

The Finance and Property Committee met prior to the Spring Council meeting to set a preliminary budget. During the current year, the third floor of the R.C.D.S. building was converted to office space for the Inspector, the Office Manager and the Accounting Department. A new computer has been installed and the software program has been greatly enhanced, thereby giving increased capabilities to handle further needs for a considerable time. Since the present telephone system had reached its limit relative to line and extension capacity, installation of an upgraded telephone system has been arranged. Staff has been increased by the addition of one new senior staff position and an additional clerical staff person. In 1987 the Inspector will be employed on a part-time basis as needed.

The final budget was approved by Council at the autumn meeting and the Committee recommendation that the budget reflect only the rise of cost of operation with the provision that the 1987 budget should show a positive balance was adopted.

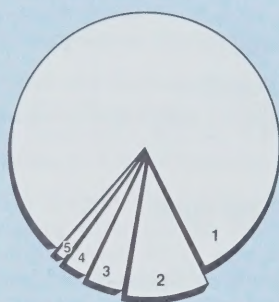
INCOME

A.	Dentists -		
	Registration Fee -	5,450 @ \$750	\$4,087,500
		100 @ \$100	10,000
	Less Portion to P.L.I. -	5,450 @ \$450	(2,452,500)
			\$1,645,000
B.	Hygienists -		
	Registration Fee -	2,900 @ \$110	\$ 319,000
		140 @ \$25	3,500
			\$ 322,500
C.	Examination Fees		
	This item includes income from general licensing examination, supplemental examinations and expanded duty examinations.		
D.	Interest		
	Interest rates are lower and our principal amount of investments is considerably lower.		
E.	Property Rent		
	Apartment renovated into office space (no income)		
F.	Sundry		
	Income from sale of membership lists, etc.		
G.	Continuing Education		
	Income from Dentists and Hygienists for R.C.D.S. Continuing Education courses.		
H.	Administration Charge to P.L.I.		
	Income re: salaries, materials, computer time, hardware & software, re: P.L.I. program.		

EXPENSES

- I. **Salaries and Charges**
This represents an increase of approximately 5%. However, all salaries were reviewed and merit increases and adjustments were awarded in some instances.
- J. **Postage and Courier**
Mail costs will increase in 1987.
- K. **Printing, Stationery and Supplies**
Due to increased costs in paper, printing and increase in mailings.
- L. **Telephone**
Additional lines and telephone needs.
- M. **Equipment**
Purchase of office furniture re: additional staff, photocopier, mailing machine and weigh scales, increase in maintenance re: computer system and software, microfilming.
- N. **Property Expenses**
This item covers taxes, insurance and maintenance, and repairs.
- O. **Staff Travel**
Includes car rental, repairs and insurance.
- P. **Examinations**
Cost of administering Dental Hygiene examinations.
- Q. **Honoraria**
Honoraria paid to council members for attending meetings. Includes non-members of ad hoc committees.
- R. **Continuing Education**
Honoraria and expenses for lecturers, and meals for participants of lectures.
- S. **Professional Fees**
This item consists mainly of legal fees.
- T. **Witness Fees and Court Reporters**
Money paid to witnesses for Discipline hearings.
- U. **Council Insurance**
This is accident insurance to cover members of Council and clinicians while on College business.
- V. **Council and Committee Expenses**
Includes accommodation, meals, transportation, telephone calls, etc. while on College business.
- W. **Grants**
Grants to Universities for various scholarship funds and Canadian Dental Association Committee for Accreditation.
- X. **Administrative Expense**
- Y. **Building Fund**
- Z. **Contingency Fund**

**1987
BUDGET
INCOME**
(Total \$2,203.00)

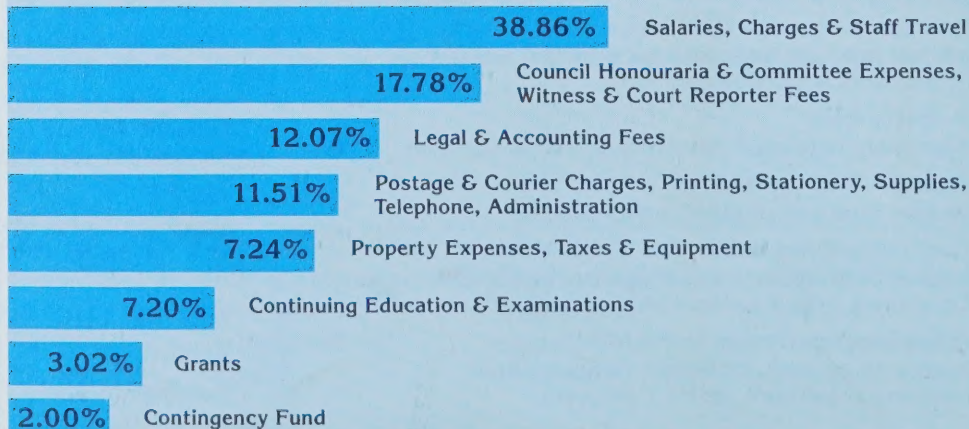


1. Fees - Dentists
(less P.L.I. Premium)
2. Fees - Dental Hygienists
3. Examination Fees and
Continuing Education
4. P.L.I. Administration Fee
5. Interest Sundry,
Property Rent

	Actual 1985	Budget 1986	Actual Sept.	Budget 1987
INCOME				
A Fees & Reg. — Dents	2,433,430	3,010,400	3,011,310	4,097,500
Less P.L.I. Premium	874,500	1,444,250	1,427,290	2,452,500
	1,558,930	1,566,150	1,584,020	1,645,000
B Fees & Reg. Hygiene	263,550	281,025	284,500	325,000
C Examination Fees	37,475	34,000	38,125	48,000
D Interest	90,007	45,000	76,845	45,000
E Property Rent	2,100	2,100	175	—
F Sundry	12,460	10,000	8,625	10,000
G Cont. Education	58,144	50,000	49,340	50,000
H Admin Charge — P.L.I.	50,000	75,000	50,000	80,000
	2,072,666	2,063,275	2,092,630	2,203,000

EXPENSES				
I Salaries & Charges	615,498	684,340	502,882	777,000
J Postage & Courier	72,105	70,000	54,977	75,000
K Print. Stat. & Supp.	122,612	100,000	88,367	125,000
L Telephone	20,110	20,000	12,108	23,000
M Equipment	82,153	80,000	164,394	90,000
N Property	61,941	66,350	51,542	66,050
O Staff Travel	51,272	55,000	43,171	60,000
P Examinations	52,648	55,000	35,623	55,000
Q Council Honoraria	233,716	280,000	154,203	280,000
R Cont Education	94,938	90,000	65,165	100,000
S Professional Fees — Legal	208,936	270,000	121,871	250,000
Audit	7,500	9,000	8,702	10,000
T Witness & Court Rep Fees	12,965	15,000	825	10,000
U Council Insurance	2,715	3,000	2,714	3,000
V Council & Comm Exp	83,376	90,000	40,877	90,000
W Grants	35,621	38,450	35,761	65,000
X Admin Expenses	24,136	25,000	17,300	25,000
Y Building Fund	200,000	—	—	—
Z Contingency Fund	—	—	—	50,000
	1,982,242	1,951,140	1,400,482	2,154,050
Surplus or (Deficit)	90,424	112,135	692,148	48,950

**1987
BUDGET EXPENSES**
(Total \$2,154,050)



General Purpose

REPORT OF THE GENERAL PURPOSE COMMITTEE

Chairman: G.G. Grayson, D.D.S.

Committee Members: W.H. Treleaven, D.D.S.,
Rev. R.P. Thomas, R. Donaldson L.L. Mickelson

The General Purpose Committee is a new Committee formed in 1986. The Committee consists of one lay member, two dentists and two dental hygienists.

The function of the Committee is to study and make recommendations to Council on matters related to the following areas:

- 1) Anaesthesia and Sedation:
 - i) a proposed change in the duties of dental hygienists to include the application of topical anaesthetic was approved by Council. This change, however, cannot be enacted before the government gives its approval. To date, this has not been received.
 - ii) questions concerning modalities used in anaesthesia and sedation were asked on the dentists' membership renewal form. The Committee will review these results during the spring of 1987.
- 2) Delivery of Dental Care to Patients in Institutions, Public Health and Collective Living Centres
The members of the Committee met with representatives of the Ontario Society of Public Health Dentists as well as the Ministry of Health to discuss a much needed action plan for institutionalized patients. It appears that funding, facilities and equipment are available; however, the organization and co-ordination of such programs is lacking.

At the November, 1986 meeting of Council, a resolution was carried to involve a collaborative effort with the O.D.A., O.S.P.H.D. and the O.D.H.A. to organize and implement a treatment program of dental services to the institutionalized and home-bound elderly. In addition to this, input from the ministry will be sought concerning the funding issue. The R.C.D.S. will also approach the government with an agreed upon funding mechanism and the position that a vehicle could be put in place to control fees.

3) Manpower

A statistical report is reviewed annually regarding information obtained from the dental hygienists' licence renewal forms.

The dental manpower issue is continually

being monitored through information obtained from the C.D.A.

4) Quality Assurance

This area is in an investigative mode at the present time.

Legal and Legislation

REPORT OF THE LEGAL AND LEGISLATION COMMITTEE

Chairman: R. T. Lang, D.D.S.

**Committee Members: W. J. Dunn, D.D.S.,
W. R. Patrick, D.D.S., J. Stefura, R. Donaldson**

The Legal and Legislation Committee has reviewed the most recent legislative proposals prepared by the Health Professions Legislation Review Team.

We have informed the government that we will gladly assist in the process of developing further the regulatory framework within which members of the health professions function in Ontario.

The current Health Disciplines Act governing the practice of dentistry in Ontario has been in place for thirteen years. It has been the College's experience during that time that, on the whole, the Act has functioned well, not only in achieving the fundamental goal of protection of the public, but also in ensuring the confidence of the public and members of the profession in the governing body's ability to maintain the ethics, integrity and professional competence and standards of practitioners. It has also enabled the College to carry out its functions in connection with admission complaints and discipline in a manner that is fair both to the public at large and to those individuals concerned in a particular case.

It is against the background of this positive experience that the College has urged the government that any legislative change be undertaken cautiously and not simply for the sake of change. The College further urges that, to the extent changes are required, they be tailored to meet particular deficiencies identified by the Review as having prevented or hindered the self-governing bodies from fulfilling their mandate in the past, rather than introducing major changes with no demonstrated need.

There are, however, a few proposals that have been made by the Review Team that are *totally unacceptable*. I will elaborate on three of them:

1. That complaint and discipline hearings be "open" to the public and the media.

The College is strongly opposed to this very unfair proposal!

It is significant to note that the Royal Commission of Inquiry into Civil Rights in this province (the "McRuer Report"), after much study and consideration of the matter, recommended that hearings before statutory tribunals be in public, but made a specific exception for "hearings held by self-governing bodies involving professional capacity or reputation".

As the late Mr. Justice McRuer noted:

"The fact that a member of a profession such as the medical (or dental) profession is charged and tried publicly before a discipline committee is sufficient to destroy his professional career, no matter what the

outcome of the trial may be. No one who has built up a professional practice can ever be anonymous to his patients or clients. We think such cases are very different from a trial of civil or criminal cases where a public trial is a safeguard to the accused."

The College heartily supports the Commission's conclusion and the underlying reasoning. Whether the matter never goes further than a complaint review, or whether the member is ultimately found not to have committed an act of professional misconduct, the mere fact of having been the subject of a complaint or disciplinary proceeding can ruinously and without cause, damage a professional's reputation and practice if that information becomes available to the public. This is particularly the case when considering those health professionals such as physicians and dentists, who build up practices based on their own personal reputations and the confidence their patients place in them as individual practitioners.

A further result of public complaint and discipline hearings, the availability of transcripts of these hearings, will be to subvert both processes into a means for a complaint against a dentist or plaintiff to build a case for a civil action with none of the rights or procedural safeguards which, both at common law and by statute and the rules of court, are extended to a prospective defendant in such an action. Complaint and Discipline hearings and civil trials serve very different purposes, and the former should not be made a part of the latter so as to allow a plaintiff to do indirectly what he would not be permitted to do directly in a civil action. If these hearings are made "open to the public" then a complainant will be able to set the disciplinary process in motion, have the College gather all the necessary evidence and have lawyers for the College prepare the case, all at the College's expense, and then later on use that record in a civil action against the dentist to obtain a judgement for damages. The College objects to procedures which would have the effect of promoting malpractice claims.

Encouraging such claims in this fashion and relieving the plaintiff of much of the responsibility to prove the case that he or she would normally bear in a civil proceeding will necessarily result in more claims (whether founded or not), increased insurance premiums, and ultimately increased costs for dental services to the public.

Confidentiality of health information is also a legitimate individual and society concern, so much so that in 1980, the government of this province struck a Commission of Inquiry into the Confidentiality of Health Information, with a mandate to "...review all legislation to determine whether proper protection is given to the rights of persons who have received, or who may receive, health services, to preserve the confidentiality of information respecting them collected under that legislation." (*Report of the Commission of Inquiry into the Confidentiality of Health Information*, 1980, Vol. 1, P.7). The commissioner of this inquiry, Mr. Justice Krevier, came out solidly in favor of carefully protecting an individual's expectation of privacy respecting his or her health in-

formation. With particular reference to professional misconduct proceedings, he recommended that investigations be conducted in the manner least intrusive to the individual patient.

2. That all Council meetings be "open" to the public and the media.

The College is strongly opposed to a requirement that all meetings of Council be open to the public and media.

The effect of this requirement is bound to be that there will not be the free, frank and full discussion and development of positions on substantive issues that must take place in order for Council to act responsibly as a governing body.

The Review has not identified any demonstrated need for this change. The College is of the view that the current presence of a significant number of lay representatives on Council adequately ensures a public presence and public accountability and that Council should have the power to meet in camera when deemed advisable.

3. That the Minister of Health would have the power to require the R.C.D.S. to undertake any actions or hearing he feels is necessary and advisable.

If this Draconian proposal was adopted, our profession would no longer have self-government.

The Minister in effect can take over the government of the College. Relative to individual members, all the procedural safeguards carefully built into the governing legislation — for example, investigation and a determination that a matter warrants a discipline or fitness to practice hearing — can be circumvented at whim. Aside from its affect on self-government, giving the Minister the power to effectively leapfrog over these safeguards would, in our opinion, breach an individual's rights under the Charter of Rights and Freedoms.

These are three of my most serious concerns. I hope that by the time you read this report the government will have come to their senses and dropped these unfair proposals. If they don't, the College, as we know it, will disappear.

CONCLUSION

As Chairman of the Committee, I would like to thank the members of my Committee and the staff of the College for their kind assistance and support.

I would like to thank the many members of our profession who have taken the time to inform me of their views and concerns on the many topics under the consideration of the Legal and Legislation Committee.

I encourage all members of our profession to let the College know your views on the subjects that are important to you. When decisions concerning your professional lives are about to be made, your input is extremely vital.

Professional Liability

REPORT OF THE PROFESSIONAL LIABILITY INSURANCE COMMITTEE

Chairman: R. M. Beyers, D.D.S.

Committee Members: G. Nikiforuk, D.D.S., J. Stefura, R. Donaldson

Since 1973 the College has administered and partly self-insured its members against malpractice claims by means of the Professional Liability Insurance Plan. It has served both the public and the profession well. The public has had a recourse for compensation for errors or omissions that occur while receiving dental treatment. The profession has benefitted from low premiums. Both have benefitted from the knowledge that every dentist licensed to practise in Ontario has insurance.

Up to 1984, the Plan quietly did its job without anyone taking much notice. Then instability shook the entire liability insurance business. Late in 1984 we learned that our insurance carrier would be unable to provide coverage for 1985 and a last minute scramble took place to find a replacement. Our fees had to rise dramatically for 1986 and 1987 to raise the money to pay higher premiums and maintain the reserves for our self-insurance portion. At the same time the newspapers regularly carried reports of generous court awards for liability and malpractice. As the public awareness of 'suing' increased, the frequency of claims rose and the cost of settlements rose.

During 1986, the Professional Liability Insurance Committee considered the following items:

(1) The Claims Prevention Bulletins will be continued. Emphasis will be placed on the importance of good record keeping and early reporting. The same format of case scenarios and recommendations will be continued.

(2) For 1987 a proposal from Guardian Insurance Co. of Canada was accepted that increased our self-insurance portion from \$1,000,000 to \$1,500,000 aggregate. Our maximum per occurrence loss remains at \$35,000.

(3) The possibility that the cost of insurance could rise to \$2,000 or more a year, as it has in the United States, prompted us to consider ways of exempting a group of Ontario dentists (public health and some faculty members) who present no risk to the plan because they are insured by their employers. The mechanism for doing this has not been finalized at this time.

(4) The fact that there are so few insurers willing to provide professional liability coverage (Guardian is the only Canadian company) forces us to consider expanding our degree of self-insurance until we are free of insurance companies.

(5) If a dentist must appear as a witness at an inquest the Plan will assume 50% of the cost of legal counsel accompanying him if he agrees to the other 50%. This is a

preventive measure since the outcome of an inquest can provide impetus for a malpractice claim.

(6) During 1986 the Plan received its own phone number: 1-416-920-4601. Reporting or inquiries should be made using this number.

(7) The dental hygienist members have expressed concern that the plan does not adequately protect them. The wording of the policy is very straight forward "any dental hygienist...while acting under the supervision or direction of an insured..."

The question of who pays the deductible in the event of a settlement of an occurrence caused by the hygienist has been looked at. The dentist is responsible to the plan for the deductible. If a dental hygienist purchases a second policy, this does not double protection, since both policies are primary.

For all the uncertainty that surrounds liability insurance, Ontario dentists can be pleased that they still enjoy the lowest premium in North America for \$1,000,000 of protection.

Many thanks to committee members and Dr. Ted Fox for another year of hard work.

Table 1

CLAIMS EXPERIENCE — December 31, 1986 CLOSED FILES

	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	TOTAL	CLOSED	PERCENT OF CLOSED FILES
Total number claims	29	60	43	69	80	101	119	104	140	154	147	321	250	284	1,901		
Claims Outstanding	0	0	0	0	5	3	2	8	6	7	24	54	78	223	410	1,491	
Claims Payment \$0.00	14	33	19	34	43	48	60	40	65	74	63	216	137	40		886	59.42
\$ 1.00 - 1,000.00	11	11	10	16	12	19	25	27	22	20	13	11	14	10		221	14.82
1,001.00 - 5,000.00	2	12	10	10	14	18	22	20	29	30	32	31	17	10		257	17.24
5,001.00 - 10,000.00	0	1	4	3	2	9	4	1	10	11	9	6	2	0		62	4.16
10,001.00 - 15,000.00	0	1	0	4	2	4	0	5	5	5	2	1	1	1		31	2.08
15,001.00 - 25,000.00	1	1	0	2	0	0	4	0	2	3	3	1	1			18	1.21
25,001.00 - 50,000.00	0	0	0	0	1	0	2	0	0	3	1	1				8	.54
50,001.00 - 100,000.00	1	1	0	0	1	0	0	3	1	1						8	.54

Resume of Closed Files: —

59.42 were closed with no claims payment or legal fees.

74.24 were closed with claims payments and legal fees under \$ 1,000.00.

91.48 were closed with claims payments and legal fees under 5,000.00.

95.64 were closed with claims payments and legal fees under 10,000.00.

97.72 were closed with claims payments and legal fees under 15,000.00.

98.93 were closed with claims payments and legal fees under 25,000.00.

1.08 were closed with claims payments and legal fees over 25,000.00.

Table 2

AREAS OF DENTISTRY — TOTALS

	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	TOTAL
Endodontics				1	7	4	8	9	15	17	14	10	27	24	231
Operative Dentistry				8	7	6	4	16	15	6	10	12	11	4	149
Orthodontics				0	4	0	1	3	3	3	2	8	10	5	137
Periodontics				2	1	0	0	1	8	6	3	3	1	4	47
Prosthodontics - Fixed				0	8	5	10	13	16	23	6	13	24	20	228
Prosthodontics - Removable				4	1	2	9	4	4	10	4	9	7	8	100
Surgery				14	27	23	23	24	30	36	39	64	49	45	605
Radiology				0	0	0	1	0	1	0	1	0	0	0	6
General Dentistry				0	4	2	13	10	9	18	24	21	25	37	332

Table 3

PRIMARY CAUSES — TOTALS

Nos.*	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	TOTAL
1	1	2	1	0	1	2	1	2	1	2	4	12	19	4	52
2	1	1	0	0	0	0	0	0	0	0	0	0	2	2	6
3	0	0	0	0	1	1	1	1	1	0	0	0	1	2	7
4	2	11	3	4	3	5	8	9	15	10	8	10	12	17	117
5	2	1	1	9	7	15	13	10	14	17	13	19	28	25	174
6	1	2	8	6	8	2	5	1	0	1	2	5	3	1	45
7	0	5	2	3	4	1	2	2	1	0	1	3	3	1	28
8	0	0	0	1	0	0	2	1	1	0	0	0	0	0	5
9	0	1	2	3	3	5	4	7	0	6	7	5	2	8	53
10	1	1	2	5	4	5	4	8	14	14	14	30	15	14	131
11	0	3	2	1	2	3	0	3	2	2	4	8	14	9	53
12	2	2	0	0	1	2	3	0	1	1	3	1	1	5	22
13	0	0	1	0	0	0	1	1	2	1	0	4	0	4	14
14	3	3	6	4	5	1	5	5	10	10	3	12	9	10	86
15	1	1	0	1	1	2	0	0	0	4	1	1	4	3	19
16	4	1	3	6	4	4	10	4	9	7	10	16	14	8	100
17	0	6	4	10	13	14	16	7	10	22	21	26	34	19	202
18	1	3	2	3	5	12	4	7	12	9	7	11	10	15	101
19	0	3	0	1	2	2	1	2	5	5	4	67	5	15	112
20	0	0	0	0	0	0	3	2	1	1	5	3	3	3	21
21	0	1	1	4	4	12	13	9	4	14	11	21	22	11	127
22	1	0	1	2	6	3	3	7	16	6	11	16	19	18	109
23	0	1	0	0	1	1	0	1	1	2	2	3	5	4	21
24	4	6	1	2	3	1	3	5	3	4	4	2	7	2	47
25	0	3	1	0	1	3	1	0	3	1	0	6	2	2	23
26	4	1	0	0	1	2	4	3	5	10	10	8	5	8	61
27	1	1	1	1	0	0	1	1	2	1	0	1	1	2	13
28	0	1	1	3	0	3	11	6	8	3	4	30	10	12	92

Nos.* — Listing:

1. Untoward reaction to drugs or anaesthetics.
2. Anaesthetic accident resulting in incapacitation.
3. Anaesthetic accident — death.
4. Extraction wrong/extra tooth/teeth.
5. Failure to diagnose or treat.
6. Fracture of mandible.
7. Ingestion of instrument/material.
8. Inhalation of instrument/material.
9. Instrument breakage tooth/tissue.
10. Parasthesia — following surgery.
11. Parasthesia — following injection.
12. Perforation of sinus.
13. Roots not removed.
14. Soft tissue trauma.
15. Trismus.
16. Unsatisfactory dentures.
17. Unsatisfactory fixed bridge(s).
18. Unsatisfactory operative.
19. Unsatisfactory orthodontics.
20. Unsatisfactory periodontics.
21. Unsatisfactory endodontics.
22. Unsatisfactory oral surgery.
23. Treatment of wrong tooth.
24. Fracture of tooth.
25. Death following/during treatment.
26. Untoward reaction to treatment.
27. Unsatisfactory implant(s).
28. Other.

Table 4

SECONDARY CAUSES — TOTALS

Nos.*	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	TOTAL
1	0	2	1	1	5	8	5	4	2	4	2	11	7	12	64
2	0	0	1	1	0	0	2	1	1	2	2	0	1	3	14
3	1	0	1	0	2	2	0	0	4	2	8	7	5	4	36
4	0	2	4	2	1	6	2	2	0	2	5	4	2	5	37
5	3	5	1	2	1	4	10	6	10	21	24	21	31	21	160
6	0	2	0	0	1	0	1	1	0	1	3	0	2	1	12
7	0	1	0	0	0	0	0	1	3	0	2	0	0	0	7
8	4	7	3	3	8	13	8	27	33	30	21	32	54	38	281
9	2	4	3	9	8	5	15	10	8	14	15	17	15	19	144
10	18	38	26	50	53	63	76	52	79	75	64	226	126	103	1,049
11	0	0	1	0	0	0	0	0	0	0	0	1	1	0	3
12	1	0	1	1	0	0	0	0	0	1	1	1	3	8	17

Nos.* — Listing:

1. Absence or failure to follow-up.
2. Inadequate records.
3. Inexperience.
4. Insufficient x-rays.
5. Lack of informed consent.
6. Lack of signed consent.
7. Overbooked — too busy.
8. Poor communication.
9. Pursuing outstanding account.
10. No apparent secondary cause.
11. Under influence drugs/alcohol.
12. Equipment malfunction.

U. of T. Report

REPORT OF THE DEAN OF THE FACULTY OF DENTISTRY UNIVERSITY OF TORONTO

A. R. TenCate, B.D.S., Ph.D.

INTRODUCTION

I am pleased to present my report to the College. As will be seen from this report, I believe the Faculty to be in good health in spite of continued budget cuts. But it should be recognized that the reason why the Faculty has fared better than most other University faculties is that we have an income from patient fees which can be used to offset budget cuts; and that this resource is not inexhaustible.

Why am I so confident that we are in good health? I believe the following facts speak for themselves. In the academic year our graduate programs (M.Sc. and Ph.D.) were scrutinized separately by four individuals for the Ontario Council for Graduate Studies, and our programs received glowing reports. The majority of our postgraduate programs were also surveyed and accredited in the past year — this means all our postgraduate programs are fully accredited. The undergraduate program was surveyed in October 1986, and I am confident that, although the present program is fully accredited, we will have the few conditions that applied to it removed. Then there is the fact that the Faculty is receiving \$2.5 million dollars in research funds awarded after peer review. These are only some of the facts which bolster my statement (others are contained in the body of the report), and I would suggest they cannot be denied. We have a strong Faculty of international repute of which the University, College and Province should be proud.

STAFF CHANGES:

RETIREMENTS (June 30th, 1986)

Dr. J. A. Pedler. Professor of Dentistry and Dental Surgeon in Chief, Toronto General Hospital.
Dr. W. D. Mackay. Professor of Dentistry and Head of Dental Materials.
Dr. D. B. McAdam. Professor of Dentistry and a member of the Department of Prosthodontics.
Dr. H. MacKay. Associate Professor of Dentistry and a member of the Department of Prosthodontics.

APPOINTMENTS (July 1st, 1986)

Dr. D. Davis. Assistant Professor of Dentistry, Part-Time (Prosthodontics).
Dr. L. Tam. Assistant Professor of Dentistry, Part-Time (Restorative).
Dr. G. Bradley. Assistant Professor of Dentistry, Part-Time (Oral Pathology).
Dr. M. Gardner. Lecturer Part-Time (Community Dentistry).

INTRA-FACULTY APPOINTMENTS (July 1st, 1986)

Dr. B. Korzen. Director of Alumni Affairs.
Dr. P. Watson is the new course director for dental materials and Dr. M. Levine the course director for endodontics.

PROMOTIONS

Dr. S. Weinberg from Associate Professor to Full Professor.

EDUCATION

In the past year 141 students graduated from the Faculty as follows:

D.D.S.	113
Diploma	21
M.Sc.	7

With an annual undergraduate intake of 104, our total enrolment for the session 1986-87 is 528, broken down as follows:

D.D.S.	395
Diploma	47
Masters	26
B.Sc.D. (D.H.)	7
Special Students	5
Combined M.Sc./Diploma	5
Combined Ph.D./Diploma	3
Ph.D.	13
Interns	27

SCHOLARLY ACTIVITY AND ACADEMIC DISTINCTION

Dr. J. H. P. Main has been elected as President-elect of the International Association of Oral Pathologists, Dr. C. O. Munroe as Vice President of the American Association of Hospital Dentists and Dr. N. Levine as Vice President of the American Academy of Dentistry for the Handicapped. It is perhaps worth commenting here that in the past few years the Faculty has provided, in addition to the above, two Presidents of the International Association for Dental Research, a President of the International Association for Dentistry for the Handicapped, and two Presidents of the Royal College. A total list of distinction which I doubt can be matched by any other dental school anywhere. Also, the Faculty is providing a publication a week to the dental literature!

RESEARCH FUNDING

Total research support to the Faculty in the year 1984-85 undertaken by the Ontario Universities Committee on Health Research, was \$2.6 million. It is worth noting, while direct support for basic science research was almost \$600,000, the clinical sciences attracted \$336,702 which is a clear indication of the increasing importance being given to clinical research at the Faculty.

ISSUES

This year I would like to bring attention to three things.

I would first like to report that the University has established a Centre for Biomaterials, seeded by a \$200,000 grant from the University's share of the Government of Ontario's Excellence Funds. The establishment of this Centre is a conjoint effort by the Faculties of Applied Science and Engineering, Dentistry and Medicine, but was spearheaded by the efforts of Dr. Dennis Smith of this Faculty, and it is Dr. Smith who becomes the first Director of this Centre.

Second, I would like to report that the Faculty has now completed the first year of its clerkship program. One swallow does not make a summer, but generally faculty and students are convinced that this is a good program, and that it will succeed, once some logistical problems are addressed, in producing graduates who will have an improved experience in total patient care.

Third, I have appointed a small blue riband task force consisting of Dr. R. Burgess, Head of Preventive Dentistry, as Chairman; Dr. J. B. MacDonald, Past President of the University of British Columbia and Past Director of the Forsyth; Dr. B. Holmes, Past President of the Canadian Dental Association and Dr. P. Watson of this Faculty. The working group has been asked to address the following questions:

1. What will be the nature of dental practice in the 1990's?
2. What kind of undergraduate curriculum will best prepare the graduates for these responsibilities?
3. What role will auxiliaries play in providing dental services?
4. How will the revised undergraduate program impact upon the postgraduate programs offered by the University of Toronto?

Paramount in these discussions will be the question of whether our Faculty should continue to be the major supplier of dental practitioners for the Province. It could be argued that both the public and the profession would be better served if our unique resources were used to create an undergraduate program, modest in size, but outstanding in quality and innovation. While the committee is small in number, it will draw input widely from staff, students and the profession. I believe the findings of this group will be crucial as the University of Toronto grapples with the question of what its role should be in providing dental manpower for the future.

U.W.O. Report

REPORT OF THE DEAN OF THE FACULTY OF DENTISTRY UNIVERSITY OF WESTERN ONTARIO

Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S., R.C.S.,
M.R.C.P., L.R.C.S.

ACADEMIC AFFAIRS

Whereas the mission of the Faculty has not changed, increased emphasis is being placed on research. It is particularly frustrating that lack of appropriate funding and space is making efforts in this area extremely difficult. The Dean met with Dean Ten Cate and members of the Faculty of Dentistry in Toronto to discuss matters of common concern. It is hoped that these discussions will continue.

The Association of Canadian Faculties of Dentistry Summer Teaching Institute was held at Western in 1986. Drs. Yanover and Sandhu attended the 1985 meeting. A follow-up day on teaching methods, sponsored by the Canadian Fund for Dental Education, was held at Western on February 1, 1986. It was well attended by faculty. The Annual Conference was held in June 1986 in Alliston. Many faculty members participated in research and educational meetings. Dr. R. I. Brooke was elected Vice-President of the Association.

A Preventive Dentistry Research Unit has been established under the direction of Dr. David W. Banting.

The Simulated Practice Environment Clinic, being run by the Division of Paediatric Dentistry was reviewed and a two year extension of this use was approved.

The Dean and Dr. W. J. Dunn attended a national meeting on prelicensure, sponsored by the Canadian Dental Association and the National Dental Examining Board. This important meeting brought out the fact that a prelicensure year for dentists could not be divorced from the manpower situation and changes in the curriculum. A committee with members from most of the dental organizations in Canada is to be set up as a working party to look into all these matters.

FACULTY

Dr. R. J. McConnell, Dublin Dental Hospital, was Visiting Assistant Professor in Fixed Prosthodontics during the year. Dr. A. R. Burgoyne held a one year post as Clinical Assistant Professor in Operative Dentistry.

Drs. Harold Bunston and Wilfred Feasby have retired after many years of devoted service to the Faculty. Dr. Ramon Marti has been appointed to the Dental Department of the Oxford Regional Centre and simultaneously in the Division of Paediatric Dentistry. The appointment, effective from July 1, 1986, is fully funded by the Centre. Dr. D. H. Charles is completing his M.Sc. program at the University of Michigan. Dr. L. R. Yanover, the M. R. C. Centennial Fellow, has re-

signed at the completion of his Fellowship. Dr. Martin Kavaliers has taken up his appointment in the Division of Oral Biology as a full-time researcher, fully funded by the University's Academic Development Fund. Dr. Leonard Chumak has accepted a major part-time appointment in Orthodontics from May 1, 1986. The Chairman of Fixed Prosthodontics will be Dr. Donald R. Gratton effective July 1, 1986.

VISITORS

The Murray MacDonald Memorial Lecture was given in November 1985 by Dr. William May, an ethicist from Georgetown University, Washington. The Medical Research Council Visiting Lecturer was Dr. Dennis Smith of the University of Toronto. The Annual Paediatric Lecturer was Dr. David Kenny, Dentist-in-Chief of the Hospital for Sick Children, Toronto.

STUDENT AFFAIRS

Mr. Alan Kwong Hing, entering the Second Year program, will be taking concurrently an M.Sc. in Pathology with his D.D.S. program. This is a new venture, and consideration is being given to establishing a formal program leading to the D.D.S./M.Sc.

Dr. Henry Lapointe of the Class of 1982 was awarded an M.R.C. Dental Fellowship to commence in 1986. He will be working in the Department of Pathology.

Dr. Allen Burgoyne of the Class of 1984 was awarded fellowships from the Canadian Fund for Dental Education and the Wesley and Jean Dunn Foundation to undertake an M.Sc. degree in Prosthodontics at the University of Washington, Seattle.

Ms. Jay Walker was the winner of the London and District Dental Society Clinic Night and will represent the Faculty at the Canadian Dental Association Conference in Halifax in August, 1986.

Mr. Bryan Kupperts represented the Faculty at the American Dental Association Student Conference on Research in Minneapolis in 1986.

Six students were selected as Medical Research Council Summer Scholars, with funding for a seventh student coming from the Faculty of Dentistry Endowment Fund and the Canadian Fund for Dental Education. The students selected were as follows: Mary F. Buchanan (with Dr. C. Anderson, Pathology); Philip R. du Toit (with Dr. L. N. Johnson, Biomaterials Science); David O. Favell (with Dr. S. L. Kogon, Oral Medicine); Alan Kwong Hing (with Dr. H. S. Sandhu, Oral Biology); Bryan Kupperts (with Dr. J. A. Reid, Oral Radiology); Tim D. Sands (with Dr. L. Boksman, Operative Dentistry); Jay L. Walker (with Dr. G. Z. Wright, Paediatric Dentistry).

Ms. Maxine Herbert, Year II, continues the second year of the Terry Fox Clerkship, working with Dr. Roger Inch of the Cancer Clinic.

A senior student from the University of Saskatchewan spent a six week period at Western as part of his option program.

STUDENT PERFORMANCE

The following are the results of student performance for the academic year 1985-86:

Fourth Year:	54 students, out of which 6 achieved honours (4 with distinction) and 48 passed.
Third Year:	53 students, out of which 5 achieved honours, 28 passed, 19 were incomplete or with conditions and 1 failed.
Second Year:	40 students, out of which 7 achieved honours and 33 passed.
First Year:	40 students, out of which 9 achieved honours and 28 passed.

UNDERGRADUATE PROGRAM

Beginning in 1986, the academic year will consist of two terms rather than four quarters.

The Biomaterials Science offerings will now extend over all four years and include a course in Biophysics.

There will be expanded teaching in the area of geriatric dentistry within the Third Year program.

The Dean and Associate Dean, Academic, personally interviewed all students in each of the four years of the program.

A Study Group has been established to, among other things, identify the essential elements of the knowledge base and scope of technical skills required for a graduate of the dental program over the next two decades.

More clearly defined guidelines have been established to ensure the comprehensive care of patients. This is being made easier by computerization of the records.

The Faculty has given consideration to clarification of admission on the basis of "advanced standing". New guidelines have been drawn up.

529 applications were received for 40 positions in the First Year Class (up from 493 last year and 369 the previous year). Statistics for the Class of 1989, compared with the Classes of 1986, 1987 and 1988, follow.

The following statistics are presented for the class of 1989 relative to the classes of 1986, 1987 and 1988:

	1986	1987	1988	1989
Class Size:	56	56	40	40
Sex:				
Females	10	13	11	6
Males	46	43	29	34
Qualifications of admitted applicants:				
- at least two years of 'B' average performance in pre-professional University training	56	56	40	40
- class average based on best two years preceding admission	78.2%	79.9%	81.0%	80.7%
Dental Aptitude Test:				
- average carving dexterity	5.71	5.55	5.38	5.60
- average PMAT	5.68	5.55	5.75	5.62
No. with Ontario Grade 13:	48	51	36	39
No. Ontario scholars:	25	31	22	30
No. with degrees:	35	27	13	21
Married:	3	4	4	2
Age: Range	20-27	20-44	19-29	20-27
Median	22	23	24	23.5
Average	22	23	22	23
Residence: Ontario				37
Other provinces				3

COMMITTEE ACTIVITIES

A Faculty Standing Committee on Safety has been established.

The Scholarships and Awards Committee has given approval to the establishment of two new awards, namely the Igor Bolta Memorial Award in Restorative Dentistry, and the Lorne E. MacLachlan Award in Removable Prosthodontics.

RESEARCH

During the 1985-86 academic year, 31 publications emanated from members of our faculty. In addition to this, 24 research grants (both internal and external) were received.

Other Reports

REPORT OF THE INSPECTOR

MR. FRANK GREER

ILLEGAL PRACTICE OF DENTISTRY

Whenever cases of illegal practice are reported, they are investigated and charges laid in the Provincial Courts. In some courts, we have not received the co-operation of the Crown Attorney in prosecuting these charges and have had to present the cases ourselves.

Denture therapists are aware of our prosecutions and are taking more cautious measures to get supervision when doing partial dentures. Dentists should be aware that when supervision is given they are responsible to the patient. The Denture Therapist Act clearly states that supervision should be done in the office of a dental surgeon or dental clinic.

(a) Toronto, Ontario

Mr. Frank Applebaum, 73 Hove Street, Downsview, Ontario, made a set of dentures for a Mrs. Ray Grosberg, age 75, of 535 Sheppard Avenue W., Downsview, Ontario. She had trouble with the dentures and got an infection in her mouth. She got in touch with our office and as a result, the charge was laid.

Mr. Applebaum, who is not licenced, appeared in Provincial Court, 1000 Finch Avenue, Downsview, Ontario and pleaded not guilty to the charge of illegal practice of dentistry.

He appeared before Judge Morrison on September 29th, 1986 and was found guilty and given an \$800.00 fine. This was a case where I acted as the Crown Attorney and did the prosecuting.

(b) Windsor, Ontario

Dr. Andy A. Feher, 1043 Ouellette Avenue, Windsor, Ontario had his licence to practice dentistry suspended by the Discipline Committee of the Royal College of Dental Surgeons on February 15th, 1983.

On January 8th, 1985 he made an appointment for a Mr. Warren Gaebel, 1008 Dot Avenue, Windsor, Ontario and made an examination, cleaning and scaling. Mr. Gaebel sent a letter of complaint to the College and, as a result, Dr. Feher was charged in Provincial Court with the illegal practice of dentistry.

After several adjournments, he appeared before Justice of the Peace M. McCauley on October 6th, 1986 and pleaded guilty to holding himself out as a dentist. On October 24th, 1986 he appeared for sentence and was given a \$500.00 fine.

(c) Ottawa, Ontario

Mr. Remi Denis and Mr. Marcel Dube own and operate a business called R & M Denture Lab, 164 Clarence Avenue, Ottawa, Ontario. They have no licence to practice and have been operating without a licence

since the previous owner died. We laid two charges of illegal practice of dentistry against them in July 1985. The first case came before the court on January 6th, 1986. Their lawyer appeared for them and pleaded not guilty. No identification could be made by the witnesses, so the charge was dismissed.

The second charge was heard on January 27th, 1986. The same circumstances arose in this case and it was dismissed. The Registrars of the Dental Technicians and the Denture Therapists Board appeared as witnesses.

Our information has now been supplied to the lawyers of the Denture Therapists Board, who are attempting to get an order to close these premises.

Inspections

Inspections of dental offices, as a result of Complaints and Executive Committee meetings, continue to be very time-consuming. These reports are returned to the Committees after the inspections.

Information

Advertising and sign complaints are still increasing. Many dentists now feel that placing signs inside their windows is not classed as an exterior sign. Another concern is the number of offices with mannequins or dummies in the windows or inside the office entrances.

I would suggest that serious consideration be given to advertising and signs when the regulations are revised.

REPORT OF THE DENTISTRY REVIEW COMMITTEE

Chairman: E. J. Sonley, D.D.S.

Members: J. Becker, D.D.S., T. J. Jasper, D.D.S., Mrs. B. Donaldson, Mrs. I. R. Downing

The success of a Committee is not usually marked by its degree of inactivity. However, the success of the Dentistry Review Committee can be measured by what it does not do.

The Committee is activated only when the General Manager of O.H.I.P. has reason to question a billing submitted by a dentist. The General Manager has not had grounds to make a referral to this Committee since 1982; accordingly, the Committee has not met since then. This speaks well for the dental profession.

All members of this Committee are appointed by the Lieutenant Governor in Council. We welcome Mrs. Downing from Belleville to the Committee, and thank Mrs. Cleo Young of Sault Ste. Marie, whose term of office ended this year.

REPORT OF THE LIEUTENANT GOVERNOR IN COUNCIL REPRESENTATIVES

Rev. R. Thomas, Mrs. E. Swadron, Mrs. Z. Dossett,
Mr. J. Stefura

The past two years of Council have been very interesting and challenging; it has not been enjoyable for all concerned. A number of decisions were made that, in our view, did not reflect the interest of the public. Other matters, some of which will be mentioned in the various Committee Reports, will be part of the on-going work of the next Council of the College.

R.C.D.S./O.D.A.

During the past two years there appeared to be a blurring of focus of the College vis-a-vis the Ontario Dental Association. The President of the O.D.A. had, in advance, received the agenda, as well as some Committee Reports of the Council meeting. He attended the entire meetings of Council, participated in all discussions, was often asked for opinions and comments, and was present when votes were taken on most matters. While the best of intentions may have been the motive, in our view this practice compromises the role of the College and is highly improper.

The roles of the R.C.D.S. and the O.D.A. are distinct in their difference.

The O.D.A. is the Association whose role it is to look after *the interests of the dentist*.

The R.C.D.S., on the other hand, has the responsibility of looking after *the interests of the public*.

In this regard, the two bodies are incompatible.

It could be that many members of the profession are not fully aware of these distinctions.

The R.C.D.S. is the body that *governs* the profession. Webster in his 1828 dictionary gives this definition of the word "govern":

to direct and control, as the actions or conduct of men by established laws; to regulate by authority; to keep within the limits prescribed by law"

An additional lay person has been appointed to the R.C.D.S. to insure that the role of the College is fulfilled.

We look forward to appropriate guidelines relative to the R.C.D.S./O.D.A. relationship being established in the future to alleviate this situation.

Dental Care of the Institutionalized

We appreciate the services the dentists provide, and look forward to the continued high standard of care given in this province.

We have, however, a great concern about dental care for the institutionalized.

Much discussion has gone on, and efforts have been made by the O.D.A. in co-operation with Public Health on dealing with this matter. In spite of all the effort made, to date there has been virtually no change in care for the institutionalized elderly.

A dental group in one area of the province has donated a day out of their office to care for the elderly in institutions. If dentists in all areas of the province would share in donating one day per month of service to the institutions in their area, many of the needs would be met. The resulting public relations would more than make such efforts worthwhile.

As this continues to be an area of priority with the lay representatives, we will be working with the dentists over the next two years to achieve adequate care for this sector of society.

In conclusion, the "lay representatives" are looking forward to the continued interaction of the members of Council to better serve the interest of the public of this province.

Treasurer

REPORT OF THE TREASURER

Edward J. Fox, D.D.S.

FINANCIAL STATEMENTS

- Appendix A — the Auditors' Report
- Appendix B — the Balance Sheet as at December 31st, 1985
- Appendix C — the Statement — General Fund
- Appendix D — the Statement — Building Fund
- Appendix E — the Statement — Professional Liability Insurance Fund
- Appendix F — the Statement — Centennial Fund
- Appendix G — the Statement — Harry R. Abbott Memorial Library Fund
- Appendix H — Notes to the Financial Statements

BALANCE SHEET

The Balance Sheet shows in a concise manner the state of our finances as of December 31, 1985. It shows that in the General Fund the larger deficit of 1984 was reversed and a surplus of \$90,424 was achieved. In the Professional Liability Fund a large deficit was incurred.

STATEMENTS OF REVENUE AND EXPENSES AND SURPLUS

a) The General Fund

Revenue

The annual fees for dentists and dental hygienists provide the College with its main source of revenue.

All dental hygienists applying for licensure in Ontario are required to successfully complete examinations. The examination fee in 1985 was \$150.00.

Interest on investments continues to be an important source of revenue. The reduction in interest rates in 1985, coupled with decreasing surplus funds to invest, is the reason for diminishing revenue.

Property rent is the revenue obtained from a small apartment in our building that is occupied by our caretaker.

Sundry revenue is derived mainly from the sale of our list of members to dental related companies.

The small fee the College charges to go toward the expenses of the continuing education courses is listed as "Continuing Education".

Expenses

The expenses in 1985 overall were just about the same as 1984. Significant decreases in honoraria, professional fees, council and committee expenses, witness and court reporter fees counterbalanced increased costs for salary and salary charges, postage and courier, printing, stationery and supplies etc. Although our council had fewer meetings, com-

munications with the membership increased in the form of Dispatches and Newsletters.

Surplus

For the first time in three years, we can report a surplus. This reverses the 1983 and 1984 trends.

All indications lead us to believe that the costs of professional liability insurance will continue to rise. There are ever mounting obligations being placed on the College which will require additional staff and accommodation. These factors indicate that, despite the efforts of the members of Council and the staff to hold the line on expenditures, increases in the annual fee seem to be inevitable.

b) The Professional Liability Insurance Program

Details on the plan are covered in the Report of the Professional Liability Insurance Committee.

c) The Centennial Fund

This Fund was established in 1968 to commemorate the Centennial of the R.C.D.S. The original purpose of the Fund was to establish and update, from time to time, the exhibit on dentistry at the Ontario Science Centre. The Fund has not been used for several years.

d) The Harry R. Abbott Memorial Library Fund

The Will of the late Mrs. Dorinda Tully, which was probated in 1924, established a trust fund. The fund is a memorial to her brother, Dr. H. R. Abbott, who was President of the R.C.D.S. from 1903 to 1907. The terms of the Will direct that the interest from the fund be paid annually to the R.C.D.S. for the purchase of books for the R.C.D.S. Library. The R.C.D.S. Library became the Library of the Faculty of Dentistry, University of Toronto, in 1925. Since it is costly to attempt to change the wording of the Will, the money accumulating from the investments is paid to the R.C.D.S. and the College forwards the money to the Faculty of Dentistry of the University of Toronto.

RE-APPOINTMENT OF AUDITORS

The firm of Thorne Riddell continues to provide very efficient and capable auditing services as it has for many years. It was recommended that they be re-appointed as our auditors for the year 1986.

APPRECIATION

Presenting this Report provides me with the opportunity to bring to the attention of the members of the College a fact of which I believe many of you are well aware. This College is fortunate to have a staff of loyal and devoted people. I appreciate the assistance they provide in the administration of the R.C.D.S.

KMG Thorne Riddell

Chartered Accountants

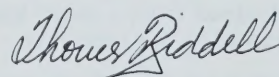
AUDITORS' REPORT

To the Members of the Council of
The Royal College of Dental Surgeons of Ontario

We have examined the balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1985 and the statements of revenue and expenses and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the College as at December 31, 1985 and the results of its operations for the year then ended in accordance with the basis of accounting described in note 1 applied consistently with that of the preceding year.

Toronto, Canada
April 4, 1986



Chartered Accountants

KMG International Firm Klynveld Main Goerdeler

B

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
(Incorporated under the Health Disciplines Act, Part II, of Ontario)
BALANCE SHEET AS AT DECEMBER 31, 1985

ASSETS	1985	1984	LIABILITIES	1985	1984
GENERAL FUND					
Funds held in trust (note 2)	\$ 7,172	\$ 5,237	Trust funds	\$ 7,172	\$ 5,237
Cash	358,307	1,034,903	Accounts payable	50,796	50,258
Investment in bonds, banker acceptance and treasury bills	1,261,276	385,754	Deferred revenue, licentiate fees	1,268,222	1,237,490
Accounts receivable	42,257	114,477		1,326,190	1,292,985
Receivable from Professional Liability Insurance Fund	5,578	10,590	Surplus	348,400	257,976
	\$1,674,590	\$1,550,961		\$1,674,590	\$1,550,961

BUILDING FUND					
Cash	\$ 2,257	\$ 5,137			
Accounts receivable	10,089				
Investment in bonds and treasury bills	443,014	207,855			
	\$ 455,360	\$ 212,992	Surplus	455,360	212,992

PROFESSIONAL LIABILITY INSURANCE FUND					
Cash	\$ 761,343	\$ 453,482	Deferred revenue, members' assessments	\$1,025,478	\$ 637,395
Investment in bonds and treasury bills	3,113,584	2,862,796	Provision for unsettled claims (note 3)	1,729,597	957,692
Accounts receivable	689,281	395,955	Payable to General Fund	5,578	10,590
	\$4,564,208	\$3,712,233	Surplus	1,803,555	2,106,556
				\$4,564,208	\$3,712,233

CENTENNIAL FUND					
Cash	\$ 32,815	\$ 30,458			
Interest receivable	182	226			
	\$ 32,997	\$ 30,684	Surplus	\$ 32,997	\$ 30,684

HARRY R. ABBOTT MEMORIAL LIBRARY FUND					
Cash	\$ 54	\$ 51			
Interest receivable	1,200	1,100			
	\$ 1,254	\$ 1,151	Surplus	\$ 1,254	\$ 1,151

C THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
GENERAL FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1985

	1985	1984
Revenue		
Annual fee and license fee		
Dentists	\$2,433,430	\$1,713,175
Less portion attributable to the Professional Liability Insurance Fund	874,500	722,960
	1,558,930	990,215
Hygienists	263,550	124,765
Examination fees (dental hygienists)	37,475	34,300
Interest	90,007	140,032
Property rent	2,100	2,100
Sundry	12,460	12,990
Continuing education	58,144	46,587
Administration charges to the Professional Liability Insurance Fund	50,000	33,000
	2,072,666	1,383,989
Expenses		
Salary and salary charges	615,498	556,437
Postage and courier	72,105	58,501
Printing, stationery and supplies	122,612	95,029
Telephone	20,110	17,617
Equipment — purchase, rental and maintenance	82,153	53,186
Property expenses	61,941	44,488
Staff travel	51,272	44,458
Examinations (dental hygienists)	52,648	46,337
Honoraria	233,716	296,000
Continuing education	94,938	88,683
Professional fees		
Legal	208,936	304,402
Audit	7,500	7,500
Witness and court reporter fees	12,965	16,991
Council insurance	2,715	2,263
Council and committee	83,376	103,861
Grants		
Canadian Dental Association	25,325	24,735
Canadian Fund for Dental Education	1,000	1,000
University of Toronto	3,750	3,750
University of Western Ontario	3,750	3,750
Other	1,796	
Administrative	24,136	12,326
Contribution to building fund	200,000	200,000
	1,982,242	1,981,314
EXCESS OF REVENUE OVER EXPENSES		
(EXPENSES OVER REVENUE)	90,424	(597,325)
SURPLUS AT BEGINNING OF YEAR	257,976	855,301
SURPLUS AT END OF YEAR	\$ 348,400	\$ 257,976

D**BUILDING FUND****STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1985**

	1985	1984
Revenue		
Contribution from General Fund	\$ 200,000	\$ 200,000
Interest	42,368	12,992
	242,368	212,992
Expenses	Nil	Nil
EXCESS OF REVENUE OVER EXPENSES	242,368	212,992
SURPLUS AT BEGINNING OF YEAR	212,992	
SURPLUS AT END OF YEAR	\$ 455,360	\$ 212,992

E**PROFESSIONAL LIABILITY INSURANCE FUND****STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1985**

	1985	1984
Revenue		
Members' assessments	\$ 874,503	\$ 722,960
Interest	453,225	383,130
	1,327,728	1,106,090
Expenses		
Insurance premium	401,647	177,791
Broker and consultant fees	6,187	15,570
Insurance adjuster	19,396	3,013
Claims	27,907	59,283
Provision for unsettled claims (note 3)	1,124,232	763,715
Administration charge from General Fund	50,000	33,000
Sundry	1,360	18
	1,630,729	1,052,390
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	(303,001)	53,700
SURPLUS AT BEGINNING OF YEAR	2,106,556	2,052,856
SURPLUS AT END OF YEAR	\$ 1,803,555	\$ 2,106,556

F**CENTENNIAL FUND****STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1985**

	1985	1984
Revenue		
Interest	\$ 2,363	\$ 2,587
Expenses		
Professional fees	50	50
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	2,313	2,537
SURPLUS AT BEGINNING OF YEAR	30,684	28,147
SURPLUS AT END OF YEAR	\$ 32,997	\$ 30,684

G**HARRY R. ABBOTT
MEMORIAL LIBRARY FUND****STATEMENT OF REVENUE AND EXPENSES
AND SURPLUS
YEAR ENDED DECEMBER 31, 1985**

	1985	1984
Revenue		
Interest	\$ 1,933	\$ 1,800
Expenses		
Grant to University of Toronto Library Fund	1,830	3,400
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	103	(1,600)
SURPLUS AT BEGINNING OF YEAR	1,151	2,751
SURPLUS AT END OF YEAR	\$ 1,254	\$ 1,151

H**NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1985****1. Accounting Policies**

The College follows generally accepted accounting principles except that the cost of furniture, equipment and leasehold improvements is included in expenses as incurred (1985, \$47,945; 1984, \$18,071).

2. Segregated Funds

At December 31, 1985 the Association maintained in trust \$7,172 (1984, \$5,237) for refund to patients following claims made against member Dentists.

3. Professional Liability Insurance Fund

This fund was established by the College by allocating a portion of the fees charged to Dentists on an annual basis as approved by the Board. The insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on an annual basis. The College is liable for the first \$35,000 (1984, \$25,000) of a validated claim subject to a maximum loss limit on an annual basis of \$1,000,000 (1984, \$550,000). The Dentists are liable to the College for a deductible portion on each validated claim of \$500 (1984, \$500). The College is additionally liable for all insurance adjuster fees related to claims arising since January 1, 1977. Provision has been recorded in the accounts for the liability with respect to unsettled claims and the insurance adjuster fees related thereto. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College.

4. Long Term Lease

In 1972 the land and building at 230 St. George Street was sold to The Ontario Dental Association for \$2. The Royal College of Dental Surgeons of Ontario has leased the land and building from The Ontario Dental Association for a period of twenty-five years expiring September 30, 1997 for \$1 plus various operating charges as specified in the lease with an option to renew for an additional twenty-five years and a right of first refusal on any offer for purchase of the property.

Statistical

DEGREE OF 'BUSYNESS' OF ONTARIO DENTISTS/ 1986

Years since Graduation	Number of DDS Responding	% of Respondents Less Busy than Would Like	% of Respondents Content with Patient Load	% of Respondents Too Busy
0-4	565	62	37	1
5-9	858	57	41	2
10-14	774	49	51	3
15-19	615	39	59	3
20-24	467	43	54	3
25-29	308	36	61	3
30-34	268	32	64	4
35-39	209	28	67	5
40-44	88	19	74	7
45-49	21	14	86	-
above 50	13	31	77	-

LICENSED DENTISTS DECEASED

Chalifoux, P.	(1952)	Sept. 18, 1986
Cunningham, J.E.	(1952)	Nov. 8, 1986
Dawe, F.E.	(1940)	Sept. 11, 1986
Hess, G.V.	(1974)	May 30, 1986
Hicken, R.F.	(1955)	Oct. 27, 1986
Idle, P.D.	(1984)	Jan. 19, 1986
Lesniak, J.S.	(1956)	Oct. 24, 1986
Yip, G. K-C.	(1975)	Nov. 5, 1986

(year of graduation)

REMOVALS AND REINSTATEMENTS

Left Ontario	15
Deceased	8
Retired	48
Not Renewing	78
Removed	16
Reinstated	24

ADDITIONS TO THE REGISTER

University of Toronto	93
University of Western Ontario	54
N.D.E.B. Certificates	67
General License (from Education)	15
Academic License	3
Approved by the Registration Committee	1

LICENSES ISSUED

Dental Hygienists 2,789*

*(Includes 137 Out-of-Province)

LICENSES ISSUED

Dentists

5,339 Members*

*(includes 8 Life Members and 256 Out-of-Province Members)

LICENSED DENTAL HYGIENISTS DECEASED

Amyot, A.	(1968)	Oct. 17, 1986
Gauthier, J.E.	(1977)	Dec. 14, 1986
Smith, B.J.	(1962)	May 11, 1986

(year of graduation)

RATIO OF DENTISTS TO HYGIENISTS

County	Dentists	Hygienists	Ratio
Algoma	63	29	2.17:1
Brant	41	18	2.27:1
Bruce	82	33	2.48:1
Cochrane	39	20	1.95:1
Durham	250	183	1.36:1
Elgin	269	97	2.77:1
Essex	157	104	1.50:1
Frontenac	13	7	1.85:1
Haldimand Norfolk	61	20	3.05:1
Hamilton Wentworth	290	135	2.14:1
Hastings	57	25	2.28:1
Huron	23	6	3.83:1
Kenora Kenora P.P.	30	22	1.36:1
Kent	46	18	2.55:1
Lambton	56	42	1.33:1
Leeds Grenville	20	4	5.00:1
Lennox Addington	70	27	2.59:1
Metro Toronto	1784	931	1.91:1
Muskoka	131	77	1.70:1
Niagara	185	122	1.51:1
Nipissing	40	17	2.35:1
Ottawa Carlton	394	210	1.87:1
Peel	382	199	1.91:1
Renfrew	36	22	1.63:1
Stormont Dundas Glen.	28	11	2.54:1
Sudbury (R.M.)	69	51	1.35:1
Thunder Bay	76	50	1.52:1
Timiskaming	10	4	2.50:1
Waterloo	239	129	1.85:1
York	168	164	1.02:1
Totals	5109	2777	1.83:1

Presidents and Secretaries

*B. W. Day	Apr. 1868 – Jun. 1870
*H. T. Wood.....	Jun. 1870 – Jul. 1874
*C. S. Chittenden	Jul. 1874 – May 1889
*H. T. Wood.....	May 1889 – Mar. 1893
*R. J. Husband.....	Mar. 1893 – Apr. 1899
*G. E. Hanna.....	Apr. 1899 – Apr. 1901
*A. M. Clark	Apr. 1901 – Apr. 1903
*H. R. Abbott.....	Apr. 1903 – Apr. 1907
*R. B. Burt.....	Apr. 1907 – Apr. 1909
*G. C. Bonnycastle	Apr. 1909 – May 1911
*W. J. Bruce	May 1911 – May 1913
*D. Clark	May 1913 – May 1915
*W. C. Davy.....	May 1915 – May 1917
*W. C. Trotter.....	May 1917 – May 1918
*W. M. McGuire	May 1918 – May 1921
*M. A. Morrison.....	May 1921 – May 1923
*A. D. Mason	May 1923 – May 1925
*E. E. Bruce	May 1925 – May 1927
*R. G. McLean	May 1927 – May 1929
*S. S. Davidson.....	May 1929 – Jun. 1931
*S. M. Kennedy.....	Jun. 1931 – May 1933
*H. Irvine.....	May 1933 – May 1935
*G. H. Holmes.....	May 1935 – May 1937
*E. C. Veitch.....	May 1937 – May 1939
*L. D. Hogan	May 1939 – May 1941
*F. A. Blatchford	May 1941 – May 1943
*G. H. Campbell.....	May 1943 – May 1947
*S. W. Bradley.....	May 1945 – May 1947
*H. W. Reid.....	May 1947 – May 1949
*S. J. Phillips.....	May 1949 – May 1951
*R. O. Winn	May 1951 – May 1953
*C. M. Purcell.....	May 1953 – May 1955
*R. J. Godfrey.....	May 1955 – May 1957
*M. C. Bebee.....	May 1957 – May 1959
*M. V. Keenan.....	May 1959 – May 1961
*A. H. Leckie	May 1961 – Apr. 1963
W. G. Bruce	Apr. 1963 – Apr. 1965
J. P. Coupland	Apr. 1965 – Feb. 1967
J. D. Purves.....	Feb. 1967 – Jan. 1969
H. M. Jolley.....	Jan. 1969 – Jan. 1971
N. L. Diefenbacher.....	Jan. 1971 – Jan. 1973
P. P. Zakarow	Jan. 1973 – Jan. 1975
R. P. McCutcheon.....	Jan. 1975 – Jan. 1977
E. G. Sonley.....	Jan. 1977 – Jan. 1979
A. J. Calzonetti.....	Jan. 1979 – Jan. 1981
C. A. Doughy.....	Jan. 1981 – Jan. 1983
R. L. Filion.....	Jan. 1983 – Jan. 1985
G. E. Pitkin	Jan. 1985 – Jan. 1987

SECRETARIES

*J. O'Donnell.....	Apr. 1868 – Jul. 1870
*J. B. Willmott.....	Jul. 1870 – Jun. 1915
*W. E. Willmott.....	Jul. 1915 – May 1940
*D. W. Gullett.....	May 1940 – Jul. 1956
W. J. Dunn.....	Jul. 1956 – Feb. 1965
K. F. Pownall	Feb. 1965 –

*Deceased



*Proceedings of the
Royal College of Dental Surgeons of Ontario
1987*

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230 St. George Street, Toronto, Ontario M5R 2N5
(416) 961-6555

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COUNCIL MEETINGS: January 19; April 23 and 24; September 28; November 12 and 13; December 21.

REPORT OF THE R.C.D.S. PRESIDENT/1987

Gordon Nikiforuk, D.D.S.

The College is always in motion, so it may be misleading to over-generalize 1987 as a period of rapid transition. Still, the pace of change has increased so quickly that few will deny that a fundamental shift is unfolding in dental care. The epicentre of this activity relates to the opening of the Health Disciplines Act, and also, to the many new factors that affect the interaction between the profession, the public and the government.

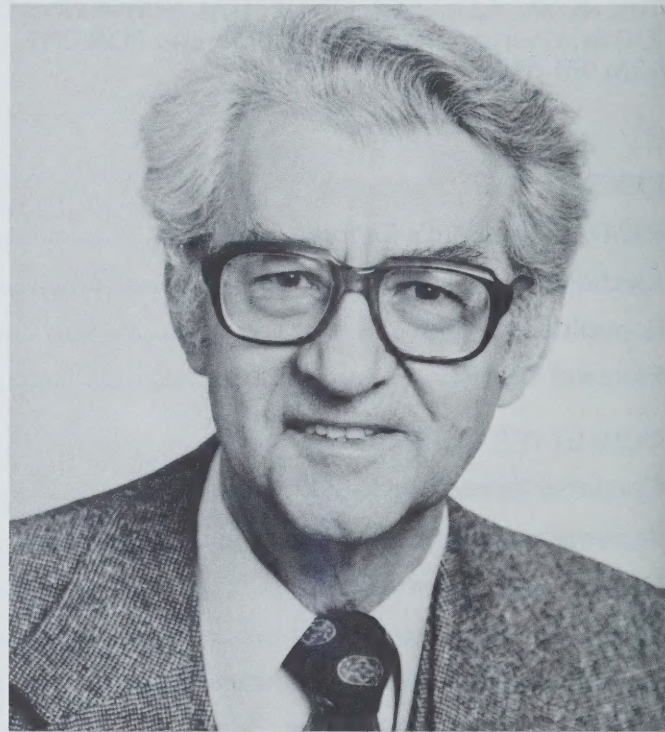
THE BACKGROUND

In this annual report I wish to highlight the main issues confronting the College. To place these issues in their proper perspective, it is well to recognize that the profession is undergoing major and rapid changes which are induced by extrinsic forces over which members have little control. The effects of these factors on dental care delivery are subtle, yet dominant. The most significant of these from the standpoint of the College are as follows:

1. There has been a dramatic change in the pattern of oral-dental disease, brought about by effective caries preventive methods, with ramifications that intrude into everyday practice, into the educational field, the economics of dentistry and the role of auxiliaries.
2. The awareness of the public has increased in health matters as illustrated by the proliferation of self-help groups with interests in diet, exercise, prevention and life-styles. The public wants choices and need options and demands a participation in decisions relating to health care.
3. The escalating costs of health care in Ontario (over 11 billion dollars, or one out of every three dollars of the budget, is spent on health) has also increased 'government' participation. The government is on record as 'encouraging competition' by promotion of alternative delivery systems with expectation of reduced costs.

DESTABILIZATION OF A PROFESSION

All of the above factors and particularly the changing



pattern of oral-dental disease with a concomitant decrease in need for treatment has sent ripples through the profession and is responsible for a climate of destabilization.

These are not just academic concerns. To illustrate the effect of a non-nourishing climate for a profession, consider what is happening in dentistry in the U.S.A. The influx of entrepreneurial programs have de-professionalized dentistry to a point where the number of applicants for admission to dental schools has been reduced to approximately 1.3 for each position as compared to over 10 in this province and the grade point average of applicants has plummeted to unacceptable levels. This scenario is not healthy; it is not in the interests of the public nor the profession. Those in charge of the health care sector should ensure that current alternative delivery systems "do not kill the goose that laid the golden egg".

THE MANDATE OF THE COLLEGE REITERATED

Amidst the uncertainties that the profession faces during this transition stage it is important that we not lose sight of the true mandate of the College. The

College has as its major mandate to develop and to regulate the standards of practice of dentistry. The Committee on the Healing Arts, in commenting on this subject, noted:

“The right of self government is a delegation from the state by its elected legislature and imposes on the profession a corresponding trust to see that the right is exercised in the public interest. For such a body to take on functions that are intended to advance the interests of practitioners would be to involve itself in a possible conflict of interest. The interests of the profession are best defended by the voluntary associations.”

But the interests of the public and the profession are not always mutually exclusive nor are they always mutually inclusive. The common ground is that both groups serve the public. It is this common ground that we must seek, recognizing that in the long run if we do justice to the public we will also do the same to the profession.

THE AGENDA OF ISSUES

Now let me turn to some of the major issues that are confronting the College today. I shall list these under appropriate headings.

1. The Health Professions' Legislation Review (HPLR).

The Health Disciplines Act governing the practice of dentistry in Ontario has been in place for over a decade, and is now open for a review and some major changes are anticipated. These relate to regulation of alternative delivery systems, continuing competence, questions of openness in College deliberations, scope of practice and licensed acts.

The most challenging aspect of rewriting the regulations governing a health care profession is to become sensitive to the above background events. In the current atmosphere of deregulation and promotion of alternative delivery systems, it is essential that those principles that have served the public of Ontario (and indirectly the profession) so well in the past, are not compromised. The regulations should ensure that: quality of care is paramount; that alternative delivery systems should promote and not deter comprehensive care and professionalism; that owners of practices assume a fair share of the professional liability insurance

risks; that one delivery system should not disadvantage another; that dental health care is not fragmented; that auxiliary groups do not fragment delivery service or reduce standards; that, as treatments needs decrease, application of some “sunset” regulations for those auxiliaries created when dental needs outstripped available manpower is necessary and inevitable.

The current proposals recommend (in addition to present committees) a “Fitness to Practise Committee” (to monitor practitioners) and a “Continuing Competence Assurance Committee” (to measure the ability of the practitioner to meet minimum practice standards). From the perspective of the College, it would seem appropriate to consider these two activities under the same structure. The College has already tackled the problem of continuing competence by reviewing proposals that would be most effective in insuring quality care through a system that would not be stifling from a bureaucratic standpoint. Members of the profession are requested to submit their ideas as to what would constitute the most meaningful continuing competence program.

The HPLR team is on record as indicating that the deliberations of the College will be open to the public. The College is generally opposed to the concept of open meetings as they apply to Complaints and to the Discipline hearings since this may jeopardize a commitment to due process.

The Review has devoted a significant amount of time to refining its Scope of Practice model and Licensed Acts and applying these to each profession to be regulated. Only nine licensed acts, covering all of the health professions, constitute procedures or areas of practice that are considered to be sufficiently harmful to require licensure in order to protect the public. The College has successfully argued that diagnosis should constitute one of these Acts. The proposed statutory Continuing Competence Committee along with the increased emphasis on developing a rigorous Standards of Practice will be the primary mode of insuring quality of care. Which of the proposed licensed acts for dentistry, if any, should be delegated, to whom and under what circumstances? These are key areas that are currently being discussed and debated.

2. Dental Hygiene

Since the announcement by the former Minister of Health that dental hygiene will have their own governing body, a task force has been looking into ways and means of making the transition to an independent body as smooth as possible. Further, the question of the Scope of Practice and the Licensed acts for dental hygienists are currently being discussed with the College, with Ministry representatives and with full participation of dental hygienists.

A recent survey has indicated that 65% of the current dental hygienists are working four or more days per week. In spite of these statistics, it is recognized that there is an acute shortage of hygienists in some parts of the Province. Enrolment in dental hygiene programs has increased over the past year by 47 to a total of 257. It is anticipated that in 1988 a bilingual class of 14 students will be added, plus an additional ten positions in the overall system. The enrolment in dental hygiene programs in 1988 (approximately 280) is in considerable excess over the number of students enrolled in dental faculties in Ontario (140) and therefore the dental hygiene "manpower" issue will be resolved in the near future.

3. Denture Therapists and Partial Dentures

The College has an unequivocal position that the delegation of the procedure of partial dentures to denture therapists is not in the interest of the public. Treatment of semi-edentulous mouths by partial dentures does not lend itself to a mechanical plugging-in operation on the part of another auxiliary. Since few dentures may be effectively constructed without cutting hard tissue or treating soft tissue or moving teeth and since all these procedures are currently being included as licensed acts, the delegation of this duty to denture therapists would be tantamount to introducing two standards of practice in dentistry. This, surely, runs against any logic.

4. A Question of Space

For a number of years now it has become increasingly evident that the current physical facilities of the College are not adequate to house

the increasing number of staff and expertise required to meet the increasing complexity of the regulatory process. Further, we have been advised by the Ontario Dental Association, from whom we lease the current quarters, of their desire to purchase 230 St. George Street. The current lease is very valuable (but will diminish with time) and would contribute significantly to the purchase of new quarters.

On the basis that the current facilities are inadequate, that the College should attempt to relocate centrally, that from an economic standpoint it would make more sense to own rather than lease property, the Council members have been evaluating opportunities. Recently, a property, which merits consideration, has become available in a central downtown location. Members of Council are studying this prospect, and considering reports from real estate experts with the idea of acting if the appropriate opportunity presents itself.

What happens during the next several years will have an indelible effect on the structure and workings of the College and its members for years to come. Members of Council are working to meet the challenges by a creative and innovative approach in the rewriting of the health disciplines act and the regulations, including the standards of practice. The Chinese have a symbol for a crisis situation which is a composite of one meaning "danger" and the other "opportunity". I believe it is important that a positive attitude be maintained and that we should view the current changes as temporarily traumatic but in the long run may yet auger the best of times for the profession and for the public.

I wish to thank every member of Council for their commitment, time and energy and for their support in carrying out the mandate of the College in the face of an overwhelming workload. The Committee Chairmen have laboured long and hard and I especially thank them for their efforts. I urge each member of the College to peruse the individual Committee reports for more details about the activities of the College.

Elections/Council

ELECTIONS

In accordance with the Regulations under the Health Disciplines Act, an election to the Council of The Royal College of Dental Surgeons of Ontario was held from October to December, 1986.

The officially-appointed Returning Officers:

Dr. Marjorie Jackson and Dr. John Pedler counted the ballots on Wednesday, December 10, 1986.

Their report was, as follows:

District #1:

Number of Eligible Voters	573
Number of valid ballots received	398

The 398 valid ballots were marked, as follows:

For Dr. Willard H. Treleaven (elected)	216
--	-----

For Dr. Peter M. Edmison	139
For Dr. Peter Morin	43

District #2:

Number of Eligible Voters	304
Number of valid ballots received	210

The 210 valid ballots were marked, as follows:

Dr. George C. White (elected)	141
Dr. William R. Patrick	69

District #3:

Number of Eligible Voters	331
Number of valid ballots received	224

The 224 valid ballots were marked, as follows:

Dr. T. Gordon White (elected).....	129
Dr. Ashford W. Pedwell	95



R.C.D.S. COUNCIL 1987

Top Row: E. Luks, W. Hilliard, G. Pitkin (Past President), G.C. White, R. Lang, W. Dunn, J. Stakiw, R. Thomas, R. Sutherland

Middle Row: Z. Dossett, R. Donaldson, L. Mickelson, M. Harding

Bottom Row: R. Beyers, W. Treleaven (Vice-President), G. Nikiforuk (President), K. Pownall (Registrar), E. Swadron, T.G. White

District #4:

Number of Eligible Voters	1977
Number of valid ballots received	1000

The 1000 valid ballots were marked, as follows:

Dr. Gary E. Pitkin (elected)	812
Dr. Eric Luks (elected)	705
Dr. Stephen W. Zweig	298

District #5:

Number of Eligible Voters	215
Number of valid ballots received	156

The 156 valid ballots were marked, as follows:

Dr. Warren Hilliard (elected)	102
Dr. Robert J. Sullivan	54

District #6:

Number of Eligible Voters	543
Number of valid ballots received	404

The 404 valid ballots were marked, as follows:

Dr. James E. Stakiw (elected)	240
Dr. George G. Grayson	164

In District #7:

Dr. Richard M. Beyers was elected by Acclamation.

In District #8:

Dr. Randall T. Lang was elected by Acclamation.

Dental Hygienist Observer from Province of Ontario other than Metropolitan Toronto and York Region:

L. Lynda Mickelson was elected by Acclamation.

Dental Hygienist Observer from Metropolitan Toronto and York Region:

Number of Eligible Voters	810
Number of valid ballots received	177

The 177 valid ballots were marked, as follows:

Rosemary Donaldson (elected)	110
Judith Jacob	42
Helene Beech	25

Faculty of Dentistry Representatives:

University of Toronto	Dr. G. Nikiforuk
University of Western Ontario	Dr. W.J. Dunn

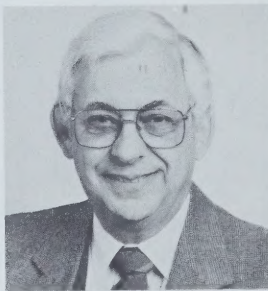
Lieutenant-Governor in Council Representatives:

Mrs. Z.M. Dossett
Ms. M. Harding
Mr. R. Sutherland
Mrs. E. Swadron
Rev. R.P. Thomas

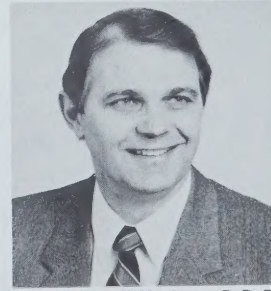
Executive Staff



K.F. "Ken" Pownall, D.D.S.
Registrar/Treasurer



E.J. "Ted" Fox, D.D.S.
Deputy Registrar



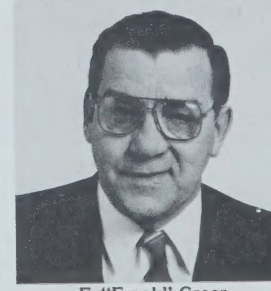
K.S. "Kerry" Mathers, D.D.S.
Associate Registrar



J.M. "Jim" Gillespie, D.D.S.
Assistant Registrar



L.D. "Linda" Strevens, B.Sc.D.
Executive Assistant



F. "Frank" Greer
Inspector

Committees/Staff

COMMITTEES

President:	Dr. Gordon Nikiforuk
	The President is an Ex-officio member on all Committees, with the exception of the following:
	(1) Complaints
	(2) Discipline
	(3) Registration
Vice-President:	Dr. W.H. Treleaven

STATUTORY COMMITTEES

Executive — Part "A":	Dr. G. Nikiforuk (Chair) Dr. R.M. Beyers Mrs. E. Swadron Dr. W.H. Treleaven Dr. T. Gordon White Mrs. R. Donaldson (non-voting)
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Executive — Part "B":	Dr. W.H. Treleaven (Chair) Dr. R.M. Beyers Dr. G. Nikiforuk Mrs. E. Swadron Mrs. R. Donaldson*
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Registration:	Dr. T. Gordon White (Chair) Dr. W.J. Dunn Mrs. Z.M. Dossett Mrs. L.L. Mickelson*
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Complaints:	Dr. J.E. Stakiw (Chair) Dr. R.M. Beyers Rev. R.P. Thomas Mrs. L.L. Mickelson*
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Discipline:	Dr. G.E. Pitkin (Chair) Dr. T. Gordon White Dr. W.J. Dunn Ms. M. Harding Dr. W.R. Hilliard Dr. R.T. Lang Mr. R. Sutherland Dr. George C. White Mrs. R. Donaldson*
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STANDING COMMITTEES

Dental Hygiene Matters:	Mrs. L.L. Mickelson (Chair) Mrs. R. Donaldson Dr. J.E. Stakiw Rev. R.P. Thomas
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Education:	Dr. E. Luks (Chair) Ms. M. Harding Dr. W.R. Hilliard Mrs. L.L. Mickelson
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Finance & Property:	Dr. W.H. Treleaven (Chair) Mrs. R. Donaldson Mrs. Z.M. Dossett
--------------------------------	--

General Purpose:	Dr. R.T. Lang Dr. T. Gordon White
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Legal & Legislation:	Dr. R.T. Lang (Chair) Mrs. R. Donaldson Mrs. Z.M. Dossett Dr. W.R. Hilliard Dr. W.H. Treleaven
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Professional Liability Insurance:	Dr. W.J. Dunn (Chair) Dr. E. Luks Mrs. L.L. Mickelson Dr. G.E. Pitkin Mr. R. Sutherland Dr. W.H. Treleaven
--	---

Professional Liability Insurance:	Dr. George C. White (Chair) Mrs. R. Donaldson Dr. W.J. Dunn Mrs. E. Swadron
--	--

*May be invited to attend any meetings of the Committees where matters involving *Dental Hygiene* in general and/or a *Dental Hygienist* in particular are to be discussed.

STAFF/RESPONSIBILITIES

Registrar/ Treasurer:	Kenneth F. Pownall, D.D.S.
----------------------------------	----------------------------

Deputy Registrar:	Edward J. Fox, D.D.S. ☐ Malpractice ☐ Investigations
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Associate Registrar:	Kerry S. Mathers, D.D.S. ☐ Executive B ☐ Discipline ☐ Investigations
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Assistant Registrar:	James M. Gillespie, D.D.S. ☐ Complaints ☐ General Purpose Committee ☐ Investigations
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Executive Assistant:	Linda D. Stevens, B.Sc.D. ☐ Education ☐ Auxiliary Liaison ☐ Investigations ☐ College Publications
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Inspector:	Frank Greer ☐ Investigations
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Solicitors:	Shibley, Righton & McCutcheon
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Auditors:	Thorne Riddell
------------------	----------------

Bankers:	The Royal Bank of Canada
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Electoral Districts



R.C.D.S. COUNCIL ELECTORAL DISTRICTS

2



G.C. "George" White, D.D.S.
Oshawa

1



W.H. "Trev" Treleaven, D.D.S.
Kingston

4



G.E. "Gary" Pitkin, D.D.S.
Toronto

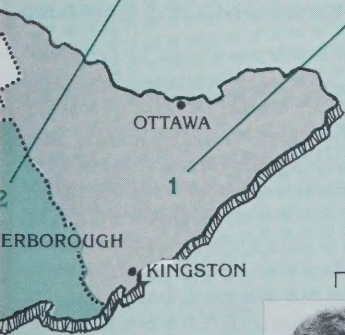


E. "Eric" Luks, D.D.S.
Toronto

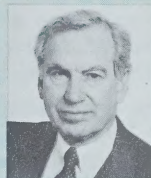
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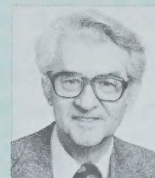
R.T. "Randy" Lang, D.D.S.
Mississauga



UNIVERSITY REPRESENTATIVES



W.J. "Wes" Dunn, D.D.S.
London



G. "Gordon" Nikiforuk, D.D.S.
Toronto

GOVERNMENT APPOINTEES



Z.M. "Zita" Dossett
Kingston



E. "Eunice" Swadron
Thornhill



M. "Michele" Harding
Toronto



R.P. "Rondo" Thomas
Scarborough



R. "Ross" Sutherland
Toronto

DENTAL HYGIENIST OBSERVERS



R. "Rosemary" Donaldson
Toronto



L.L. "Lynda" Mickelson
Thunder Bay

REPORT OF THE EXECUTIVE COMMITTEE

Chair: G. Nikiforuk, D.D.S.

Members: R.M. Beyers, D.D.S., R. Donaldson,
E. Swadron, W.H. Treleaven, D.D.S.,
T.G. White, D.D.S.*

The Health Disciplines Act defines the composition of the Executive Committee as including the President and the Vice-President (Dr. Treleaven) and three additional members of Council one of whom shall be a person representing the public (Mrs. E. Swadron). The Executive Committee performs such functions as are delegated to it by Council and the By-laws and may take action upon any other matter that requires immediate attention between meetings of Council other than to make, amend or revoke a regulation or by-law.

This Committee met eleven times during the calendar year and has considered a variety of important issues. What follows is a brief synopsis of the most important issues some of which overlap with activities of other committees. Members are welcome to contact the College or their district representative for more detailed information.

POLICY OF OPENNESS

In response to several requests for information relative to the activities of the Council, the Executive Committee recommended to Council that the College adopt a policy of openness and full disclosure with regard to financial matters. This policy is conditional upon: a request from a member; or a request from a legitimate source.

CREDIT CARDS

There have been protracted discussions with the Ministry officials relating to the proposed regulation on credit cards. The initial difficulties stem from the fact that the regulation must serve all the health professions, not only dentistry. Our latest information is that the proposed regulations have passed all legislative hurdles and have been approved by the Minister of Health. It is but a matter of time (we have heard this before!) before the use of credit cards is a reality.

FORUM ON THE FUTURE OF DENTISTRY

The dramatic change in the pattern of oral dental disease has had a significant impact on dental manpower and patient needs. Further, the opening up of the Health Disciplines Act and the activities of the Health Professions Legislation Review group is introducing equally significant changes in the regulatory process of the profession. In view of these major changes Council has approved a recommendation that a symposium be planned sometime early in the fall of 1988, in order to provide an opportunity to update members of the College with respect to the major changes affecting the future of dental practice in this Province. The Dispatch will provide members

with information as to subject and participants of this symposium. Plan to attend this "ecumenical" forum.

NEW DEPUTY REGISTRAR

Council has accepted the Executive Committee's recommendation that the next Deputy Registrar of the College will be Dr. Roger L. Ellis. Dr. Ellis combines the skills of an experienced administrator, practitioner and communicator. He is currently the Professor and Chairman of the Department of Dental Health Care at the Faculty of Dentistry, University of Alberta. A former practitioner in this Province and a staff member at U. of T. He is well versed in the significant changes that are occurring in the profession and in the regulatory body. We are confident that Dr. Ellis will provide the necessary leadership to the members of the College during this transition period and we look forward to a very productive relationship with him.

COMMUNICABLE DISEASES AND DENTISTS/DENTAL HYGIENISTS

There is an urgent need to develop guidelines to assist members in addressing the problem of infectious diseases including AIDS, HBV, and other viral and bacterial infections. The College is fortunate in recruiting the services of Drs. J. Main, C. Munroe and J. Hardie, experts in the field, for assistance in the development of guidelines. The guidelines will be as practical as possible and are to be drawn on the basis that each and every patient has the potential of carrying a communicable disease. As soon as the guidelines are developed they will be published in the Dispatch.

DENTAL HYGIENE MATTERS

(See the President's Report for a more detailed account of the ramifications of the announcement by the former Minister of Health that Dental Hygiene will have their own governing body.)

HEALTH PROFESSIONS LEGISLATION REVIEW (HPLR)

Council members and specifically those on the Legal and Legislation Committee have devoted a significant amount of time to the rewriting of regulations, discussions refining the scope of practice model and the development of licensed acts. The Review has refined the scope of practice model and proposed licensed acts and applied the categories to each profession to be regulated. The Review group has stressed that the standards of practice and quality assurance programs are to be the primary mechanisms for promoting quality of care. Further, they are proposing a statutory Continuing Competence Assurance Committee as a means of significantly enhancing the quality of care available through the health care system. The question of delegation of the licensed act within the profession or to other professions is an important feature of the current discussions. Which of the acts proposed to be licensed to the profession and which, if any, should be delegated, to whom and under what circumstances are questions that are currently being debated.

It is obvious that more extensive discussion and analyses of the proposals will have to be undertaken and will involve all members of the Council and especially the members of the Legal and Legislation Committee. I refer you to the report of this Committee for more details on these matters.

THE QUESTION OF SPACE

(See the Report of the President for details.)

REVIEW OF THE NATURE AND SCOPE OF THE COLLEGE

Council has approved that a prospectus be developed for the purpose of soliciting tenders from consulting firms as to how the College may most effectively meet its mandate, discharge its day-to-day functions and determine its staff needs, both qualitative and quantitative so that the standards of operation of the College will be of the highest order. The prospectus has been developed by the Executive Committee and tenders have been received from the major consulting firms in the province. The recommendations of the chosen firm will be studied by a special committee and forwarded to Council for implementation.

MERCURY MONITORING PROJECT

A report relating to the results of the survey of the mercury levels in dental offices has been completed and published in *The Ontario Dentist*, with excerpts in the Dispatch. The report contains a list of practical recommendations to reduce levels of mercury as well as means of dealing with accidental spills in a dental office environment.

MEETING WITH THE GOVERNING BOARD OF DENTAL TECHNICIANS

Members of the Governing Board of Dental Technicians met with the Executive Committee and expressed concern that the current view of the Health Professions Legislation Review team is to recommend that Dental Technicians not be granted any licensed acts. Upon the direction of the Executive Committee, I have written to the Review supporting the concept that Dental Technicians have their own governing body and licensed acts.

COMMUNICATIONS

In an effort to improve communications with members, the College has hired the services of Enterprise Canada, a firm that is also employed by the College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario. Enterprise Canada has had extensive experience and background in interacting with health care groups. The objective is to develop a more effective communications system with members of the College and the public so that the activities and the developments within the College are communicated objectively and at a high, and readable standard.

THE MINISTRY OF HEALTH — ASSISTIVE DEVICES PROGRAM

Members of the Ministry's Assistive Devices Programs relative to maxillofacial intra-oral prostheses, briefed the Committee on the objectives, the delivery system, the access to the program and the acquiring of the devices as well as the appeal mechanisms. Currently all practising prosthodontists and some "designated general practitioners" qualify to participate in the program.

ALTERNATIVE DELIVERY SYSTEMS

This item and specifically capitation has been the subject of continuing discussions with the Ministry of Health. At a recent meeting of Council, members reiterated their concerns about the proliferation of capitation plans in Ontario without appropriate safeguards to the public. The primary concerns that have been expressed to the Minister, in a recent letter, relate to the following: the inability to adequately guarantee by way of proposed amendments to our Regulations, the freedom of the patient to select the dentist of his or her choice or the financial viability of alternative funding programs; a further concern, inherent in capitation programs, is the potential to reduce the level of dental care resulting from a fixed fee per patient regardless of the need and amount of care required. There has been agreement that the quality of care is paramount and must not be sacrificed. In a letter dated January 29, 1988 Mrs. E. Caplan, the Minister has responded as follows: "It is my belief that any reasonable and sound financing system which improves access to dental care for the citizens of Ontario should be allowed to operate. I am therefore asking the College to propose the necessary regulatory changes which will remove legal obstacles to participation by dentists in capitation plans. I am convinced that this is indeed in the best interests of the public."

"With respect to the College's concerns about the financial viability of capitation plans, let me emphasize that any question of the financial viability of a dental benefit plan does not rest with the Ministry of Health. However, I assure you that my staff have asked other ministries of this government to consider this issue."

GREEN SHIELD PREPAID SERVICES — REFERRAL TO SPECIALISTS

Green Shield Prepaid Services, in a memorandum dated September 1987, noted changes in their current dental plan "44". Among the most significant affecting members is a change in restricting a specific dental procedure to those services rendered by a periodontist only. In a letter addressed to the Presidents and CEO's of the leading automobile firms and to the Underwriters, the College has expressed a concern that a commonly performed and essential procedure (43400) which may be effectively performed by a general practitioner or a dental hygienist will now be restricted by indemnity programs to specialists. In the opinion of the College it is unethical to refer a patient to a specialist for the sole purpose of assisting the

patient to obtain a benefit from a dental program. Further, the number of such specialists in any geographic area of Ontario are limited and hence the treatment needs of the public may be compromised. Such an arbitrary referral tends to fragment the delivery of services and interferes with comprehensive type of care offered by general practitioners.

CONTINUING EDUCATION

The R.C.D.S. will cover speaker honoraria and expenses on the basis of two one-day sessions and *one* two-day session per year to each local dental and dental hygiene society as well as handle distribution of all advance notices. The responsibility for all other financial considerations, including that of determining and collecting registration fees, will be held by the local societies.

REGULATIONS

The Committee has deliberated on numerous items involving regulations relating to advertising, prescribing drugs, dental records, announcement of office openings, announcements in telephone directories, overcharging and others.

MEETING WITH THE MINISTER OF HEALTH

The first meeting with the new Minister of Health, the Honourable Elinor Caplan, and representatives of the Council was arranged for February, 1988 (refer to quotation in Alternative Delivery Systems section). The objective was to explore the many issues confronting the College, to underscore the dramatic changes within the profession and the impact of these changes in the delivery systems and to re-establish a dialogue of mutual trust. We emphasized that in the rewriting of regulations, quality of dental care must not be compromised and that new health care delivery systems must not disadvantage established ones.

It is obvious that the issues considered by this Committee have been numerous, varied and complex. We are most fortunate in having a committed and articulate group of individuals serving on this Committee and I want to express my deep appreciation for their time, efforts and support. Much has been accomplished and much more remains to be done but I am confident that our standards of dialogue will be high and the issues will be addressed objectively in the interest of the public and in the long run the interest of the profession. Thanks to the members for their interest in these issues.

Registration

REPORT OF THE REGISTRATION COMMITTEE

Chair: T.G. White, D.D.S.

Committee Members: Z.M. Dossett, W.J. Dunn, D.D.S., L.L. Mickelson*

The Registration Committee met during 1987 to consider applications for licensure and certification in cases that did not qualify under the guidelines. Applications that meet all of the requirements are handled by the Registrar. In total, 226 licences were issued for general practice in which all requirements were met. 96 were University of Toronto graduates, 48 from the University of Western Ontario, and the remaining 82 successfully completed the N.D.E.B. examinations. There were 45 specialty certifications granted. These were in the following specialties:

Endodontists

Gary David Glassman; Vijay S. Bablad; Ron Ari Gold.

Oral and Maxillofacial Surgeons

Jeffrey C. Posnick; Peter David L. Villa;
David Raymond Eyles; Stanley David Fenwick;
Peter Edward Hodgson; Bruce McLean MacNicol.

Oral Pathologist

Linda Lee.

Orthodontists

Ramon Marti; Melvyn Weinstock; Angelos Metaxas;
Vilimir Ivanovski; Joseph Jules Jean-Kuy Lafontaine;
Richard Ronald Moreau; John C. Voudouris.

Paediatric Dentists

Ramon Marti; Sergio Juan Weinberger;
Jeanne-Nicole Faille; Jennifer Ann Grodecki;
Karen Anita McPherson; Rebecca Yacobi; Helen Chiu;
Mark Edward Loyer; Jacob Kun-Young Lee.

Periodontists

Alex Frank Koranyi; Paul Edward Shaw-Wood;
David Tisch; Marlene Elizabeth Marder;
James William David Robertson; Michel M. Couture;
Khadry A. Galil; J. David E. Gainey;
George Philip Glasser; Mark M. Spatzner;
Richard P. Ellen.

Prosthodontists

Peter Apse; Izchak Barzilay; Douglas Robert Saunders;
Bruce Glazer; Robert Patterson Carmichael.

Public Health Dentists

Thomas Richard Clarence Kelly; John Robert Bakti;
Michael Edward Hamilton.

The R.C.D.S. wishes to thank the following consultants for their help in reviewing applications, and assisting the Registration Committee in assessing qualifications:

Specialty	Appointed by R.C.D.S.	Appointed by Specialty Group
Dental Public Health	(in process)	Dr. James Shosenberg
Endodontics	Dr. J. Keith Hunter	Dr. Lorne Chapnick
Oral Pathology	Dr. John Hardie	Dr. G.P. Wysocki
Oral Radiology	Dr. George C. Stirling	Dr. S.M. Fireman
Oral and Maxillofacial Surgery	Dr. John Symington	Dr. Charles Minett
Orthodontics	Dr. Jack G. Dale	Dr. R. Božek
Paediatric Dentistry	Dr. Donald A. King	Dr. F. Pulver
Periodontics	Dr. Brian E. Reed	Dr. Robert Turnbull
Prosthodontics	Dr. Philip A. Watson	Dr. Donald R. Kramer

The procedure for use of specialty consultants was changed this year. The new procedure involved the use of the consultants only where our applicant did not meet the conditions precedent to certification.

NOTE

The Registration Committee is empowered by Section 32(2)b to exempt any applicant from any licensing requirement. This exemption is used very cautiously in order to avoid setting precedents. In most cases it is used only when documents confirm that training, skill and experience are equivalent to the requirements set down in the regulations.

APPLICATIONS FOR SPECIALTIES WHICH WERE DENIED

A dentist's application for specialty status was denied as he did not graduate from an approved post graduate program.

A dentist's enquiry for licensure without obtaining the NDEB certificate was denied.

The Registration Committee now has as one of its functions the hearing of appeals from dental hygiene candidates who fail the licensing examinations or the supplemental examinations. One appeal from a candidate who failed the supplemental examinations was considered and denied.

PROPOSED CHANGES

1. Dental Public Health

The length of the training program in dental public health has been increased from one to two years in order to obtain accreditation. Therefore, the requirements for the dental public health certification will have to be changed. This will require an amendment to Section 36(1)(e)(v) of our regulations. The R.C.D.S. is taking steps to have the regulation changed.

2. Mandatory General Practice prior to Specialty Training

It was recommended to the Council on Education and Accreditation of the Canadian Dental Association, that Educational Institutions, in their admission requirements for post-graduate specialty programs, give preference to applicants having had at least one year of general practice experience.

3. The question of certification examinations or certification by credential has not yet been resolved. More information is being sought by the Committee. Eight of the nine specialty societies in Ontario are in agreement that certification by credentials is an inadequate process. One of the specialties is very much opposed to certification examinations.

ACKNOWLEDGEMENT

As Chair, I wish to thank the members of the Registration Committee for their serious deliberations in dealing with the Committee matters. This Committee doesn't deal with any routine matters, only those requiring special consideration. I also express my thanks to Dr. Pownall and Mrs. Strevens for their expertise and guidance in reviewing the regulations pertaining to Registration.

* Non-voting

Complaints

REPORT OF THE COMPLAINTS COMMITTEE

Chair: J.E. Stakiw, D.M.D.

**Committee Members: R.M. Beyers, D.D.S.,
Rev. R. Thomas**

The Complaints Committee of the current council held its first meeting on Feb. 18, 1987 and since then has met a total of 22 times including 3 evenings and one Saturday. The format for a meeting would normally be as follows: interviews with patients or dentists would begin at 9:00 A.M. and these would continue on the half hour or hour with the final interview about 4:30 P.M. Pending complaints would be discussed over the lunch hour or after the final interview and this discussion would lead either to a decision or direction which would be referred for further action at a succeeding meeting.

An outline of "How Complaints are Handled at the RCDS" was presented in the *Dispatch* December, 1987, and it should be reiterated here that, by statute, the Committee is required to examine all records and other documents relating to the complaint. This large amount of material is forwarded to the Complaints Committee members prior to the Committee meeting.

Often, on reviewing this material, no reason is seen to fault the dentist involved. However, on occasion, the nature of the complaint and relevant material allows fault to be found without an interview taking place. In most cases, further information or explanation is best obtained through personal interviews, although the decision to attend is entirely voluntary.

Information presented to the Complaints Committee is private and for use by this Committee only and it should be made clear that the informal nature of a Complaints meeting is distinct from a Discipline Committee meeting where formal judicial processes apply and rules of evidence pertain. One can only hope that the private nature of the Complaints process will continue. While there have been distant rumblings that a more open or public format might prevail in the future, the current committee can see no good ensuing from this change or any reason to change what is a smoothly functioning process.

Complaints this year have not changed to any extent in form or circumstance from past years (Proceedings, 1986) but there is one area where a disturbing increase in numbers of complaints is noted and this pertains to Principal-Associate Practice Agreements with complaints lodged when the Associate leaves this type of practice arrangement.

Patient and chart "ownership" disputes seem to be at the root of disagreement. Legal opinion advises that all records of the patient are the Principal dentist's records and not the patient's nor the Associate dentist's. The copying of these charts is permissible and the Complaints Committee is of the opinion that recent original radiographs should be forwarded to subsequently treating dentists upon the authorized request of the patient.

There are several other "words of wisdom" that the Complaints Committee would like to pass on to help practitioners in their everyday practices and avoid complaint problems as much as possible:

1. Where advisable, note in the patient's chart what was told to the patient (P.T. — patient told) in reference to work contemplated and record what the patient said (P.S.) regarding their problems etc. This short form recording of information saves time, yet makes clear that you followed the maxim of informing before performing and didn't make any promises regarding treatment which you couldn't keep.
2. There is an old aphorism "don't bite off more than you can chew". The dental connotation does not go unnoticed and is particularly relevant in performing complicated and/or extensive treatment e.g. myofascial pain and Temporomandibular Joint Dysfunction therapy, orthodontic or periodontal therapy, dental reconstruction etc. Know when and what to refer and remember "Primum Non Nocere" — First Do No Harm.

HEALTH DISCIPLINES BOARD (HDB)

During 1987, 39 cases were appealed to the Health Disciplines Board. The decision of the Complaints Committee was upheld in 10 cases; 7 cases were sent back to the Committee for rewording of the original opinion or further action; 0 have been referred to the Discipline Committee of the College and 18 cases are pending. The Health Disciplines Board allowed four appeals to be withdrawn.

ACKNOWLEDGEMENTS

The dedication, diligent effort and feeling of pride in a job well done is very evident in the staff as one begins committee work at the College. Certainly the Complaints Committee could not function without the efforts of the following individuals: Mrs. Gladys Holder, Mrs. Kay Chuckman and Ms. Joan McActee and to them a special thank you from the Committee for the organization and typing of the large volume of material, always correct in every detail.

Dr. James Gillespie is the contact person for complaints at the College and he is the indispensable administrator of the Complaints Committee. His professionalism, good old fashioned common sense and inimitable brand of good humour have made the many hours spent on complaints matters easier to bear.

I also wish to acknowledge and say thank you to Dr. Rick Beyers and Rev. Rondo Thomas for their good and unfailing judgment and time spent to ensure that every complaint received the attention it required.

Lastly, the members of the dental profession should be acknowledged for continuing to provide the highest quality of dental and oral care for the people of Ontario. They work under trying circumstances in a complex environment and it is a tribute to their expertise that so few cases come before the Complaints Committee.

Discipline

REPORT OF THE DISCIPLINE COMMITTEE

Chair: G.E. Pitkin, D.D.S.

Committee Members: R. Donaldson*, W.J. Dunn, D.D.S., M. Harding, W.R. Hilliard, D.D.S., R.T. Lang, D.D.S., R. Sutherland, G.C. White, D.D.S., T.G. White, D.D.S.

This is the second year that the College is utilizing the R.C.D.S. Dispatch as its vehicle for publishing individual discipline case reports. Please refer to the 1987 editions of the Dispatch, therefore, to ascertain the details of the specific cases that were dealt with. As you remember, this policy change was enacted by the College last year in the belief that it was inappropriate in some instances to reiterate the details of hearings often many months after their disposition. It is felt that the reopening of the wounds of a discipline hearing when a member is perhaps on the road to rehabilitation could be detrimental to recovery. The current Council agrees with this philosophy and, as a result, the policy continues.

The workload of this Committee has, unfortunately, significantly increased this past year. This escalation of activity is due, in part, to an increase in the number of complaints the College has had to handle over this time period, and the subsequent increase in referrals to the Discipline Committee. Another very disturbing source of problems we have had to deal with would be put in the category of dentist-to-dentist disputes. More and more it seems that the R.C.D.S. is being forced to deal with the problems and complexities that occur when partnerships and/or associateships break up. Most of the problems revolve around the question of ownership of patient records and the orderly transference of these documents. It would seem that many practitioners enter blithely into associate agreements with little or no legal advice or thought concerning the potentiality of creating solutions for disassociation problems. In most cases, the Discipline Committee has become involved simply because this lack of foresight and planning by the practitioners has created an intolerable situation whereby the patients of the practice become utilized as pawns with little or no concern for the orderly and sequential maintenance of their oral health. The College is then placed in the unenviable position of playing Solomon simply due to the lack of planning by the dentists involved. Partnership and associateship agreements must not only deal with the positive aspects of inception but the potential for dissolution and the specific agreements that would pertain to this eventuality. The Discipline Committee, recognizing that, in the real world that we have to deal with, we cannot always assume that reason and good sense will prevail in these matters, has asked the Executive Committee of the College to look into these concerns with a view to creating some very definitive guidelines relating to the legal and practical aspects of partnership and associateship agreements. Hopefully, their efforts will benefit everyone concerned because, at the present time, when problems arise in these matters, no one, and least of all the patient, does.

Another reason for the increased workload of this Committee

would stem from the fact that we seem to be getting involved with more and more complex cases this year. Whereas in the past it was the norm to reach a disposition with a case within a day's hearing, it seems now that more and more time is required to fairly and adequately deal with the specific issues of each matter. Two, three, and even seven day hearings have faced the Committee this past year. The expense to the College and ultimately to you, its' members, has been significant and truly reflective of the real cost of self-government. It can be truly expensive but democracy and self-determination have never come cheaply.

The Discipline Committee has, I believe, acted most consistently and fairly in dealing with our responsibilities this past year and we feel the public's interests have been well and truly served. We have continued to operate under the philosophy that remedial training is a most effective method of dealing with those members who have allowed their clinical skills and judgements to deteriorate and many of the follow-up monitoring visits have confirmed this belief. However, fraud and all that this crime implies is looked upon by the Committee members with complete distaste and will continue to be dealt with most severely. It is difficult to teach morals and ethics to these individuals; as a result, severe punitive penalties and the negative publicity attached to them seem to be the order of the day for these transgressors. None of us in the profession will ever condone fraud for any reason and, I can assure you, neither will nor has this Committee. It disturbs the members of my Committee that highly placed individuals within dentistry's voluntary body would have you believe that the College has been unable or unwilling to deal with the fraudulent members of our profession. Let me assure you that this could not be farther from the truth. This aspersion, which appeared often in print last year, covers no one in glory and is patently untrue. The R.C.D.S. carries out its' responsibilities in a fair, honest and accountable fashion and, with our contingent of five government-appointed Lay representatives to attest to our impartiality, we feel this innuendo is just simply not valid. Perhaps, if these same highly placed individuals had taken advantage of their invitation to sit as observers at the open hearing held in 1987, they could have seen first hand what self-government is all about. However, they chose not to attend. I believe it would only be appropriate then for the insinuations to end. For your interest and edification, you might find it curious that very many of the fraudulent practitioners that we deal with accept assignment from third party insurance companies. This is not to say that all practitioners who accept assignment are fraudulent but it is interesting to note that this practice often plays a major role in this criminal activity. It is also our understanding that more and more of the insurers are not only contemplating civil actions against proven fraudulent practitioners but have actually commenced them. This may prove as great a deterrent to this activity as anything we could impose under the Statute limitations. We wholeheartedly encourage this activity by the insurers and hope it continues.

In closing, let me thank my fellow Committee members for their dedication and patience. Few realize the sacrifices you must make in the service of the public good. This is, indeed, a dirty job but somebody has to do it. The Committee also

thanks, most sincerely, Dr. K.S. Mathers and his support staff for the invaluable assistance they have rendered this past year. We couldn't have functioned without them. Thanks, as well, to the members of the legal profession we have had to assist us this term. None of us on the Committee are lawyers and, without the assistance and patience of these fine ladies and gentlemen, I am afraid we would wander beyond our expertise and knowledge more often than I would care to recount.

Hopefully, you who have read this far will have garnered something of interest from within these comments so that the seem-

ingly ever-increasing workload of our Committee will come to an end. **Learn from your mistakes and the mistakes of others — this, too, can be preventive and rehabilitative dentistry as well. Have pride in what you do for ours is a proud profession.** Thanks for reading.

*May be invited to attend any meeting of the Committee (without voting privileges) where matters involving dental hygiene or a specific dental hygienist are to be considered.

Dental Hygiene

REPORT OF THE DENTAL HYGIENE MATTERS COMMITTEE

Chair: L. Mickelson

Committee Members: R. Donaldson, J.E. Stakiw, D.D.S.,
Rev. R.P. Thomas

Each Co-ordinator and/or Head teaching master of an Ontario College of Applied Arts and Technology dental hygiene program has been invited to attend our meetings on a rotating alphabetical basis. We appreciate the input as it has been informative and helpful to have an educator's viewpoint.

PILOT PROJECT (Alternative to Present Licensing Examinations)

On June 19, 1987 Mrs. Linda Strevens, Chairperson of the Provincial Committee on Alternate Examination Procedures for Dental Hygienists, Mrs. L. Mickelson, Dr. G. Browes and Mrs. J. Ferguson met with Dr. Diana Schatz, President of Toronto Institute of Medical Technology. Dr. Schatz Chaired the 1984 Task Force on Dental Hygiene Education as struck by Bette Stephenson who was the then Minister of Education.

It was from this Task Force that the following recommendation was established: "...that the RCDS attend at scheduled clinical periods during the last few weeks of the program...". With the long term objective being to discontinue the RCDS examination of individual dental hygiene graduates and introduce an alternate method of assessment based on the process of clinical education and evaluation.

Dr. Schatz worked with us to refine our guidelines for the R.C.D.S. on-site visit.

Purpose of the On-Site Visit

Representatives of The Royal College of Dental Surgeons of Ontario or other governing body responsible for the licensing of dental hygienists will visit the selected dental hygiene programs to assure the public that the graduate has received the appropriate education and is rendering services competently.

In lieu of a regularly scheduled licensing examination, the R.C.D.S. will participate as observers during an on-site visit of the selected dental hygiene program.

General Objectives

To assure the licensing body that the educational process provides:

1. the maintenance of the quality of clinical education
2. the graduate with the ability to apply didactic knowledge to the clinical setting
3. the graduate with the opportunity to achieve a level of competence consistent with the requirements for licensure.

On-Site Visiting Team

Dr. George Browes and Mrs. Jacklyn Ferguson visited Confederation College in Thunder Bay May 20, 21, 22, 1987, and Niagara College in Welland May 26, 27, 28, 1987. I would like to extend a special thank you to Dr. Browes and Mrs. Ferguson. Their professionalism, patience and understanding helped to make the pilot successful. Confederation and Niagara Colleges will be re-visited during the spring of 1988.



Durham College in Oshawa, and Cambrian College in Sudbury were randomly selected by the Committee of the Heads of Dental Health Programs on October 23, 1987 to participate in the 1988 on-site visits.

In order to maintain continuity the initial team of Dr. George Browes and Mrs. Jacklyn Ferguson will visit all four Colleges during 1988 and a second team will be introduced and oriented by Dr. Browes and Mrs. Ferguson at all on-site visits.

Reporting of Team

The team submits a report to the Dental Hygiene Matters Committee of The Royal College of Dental Surgeons of Ontario following the on-site visit(s).

The D.H.M.C. has been authorized by the Council of the R.C.D.S. to receive and evaluate the information in the reports of the pilot, and then to report the results to Council.

Licensure of the graduates depends on the Committee's approval of the report. In the event that the report is not acceptable, the graduates of the College(s) will be required to sit a clinical licensing examination.

A summary of the team's recommendations are forwarded to the selected Colleges for review. It is expected that the recommendations or an explanation thereof, be implemented prior to the next on-site visit.

If the program does the following properly:

1. substantiates the evaluation procedures
2. provides adequate feedback to the students
3. stands on their principles

then The Royal College of Dental Surgeons of Ontario is satisfied that the graduates of the selected College(s) meet the requirements of licensure without further examination.

Graduates of Niagara and Confederation Colleges were licensed after graduation.

On December 21, 1987 Council received the reports of the on-site visits of Confederation and Niagara Colleges, as approved

by the Dental Hygiene Matters Committee.

ADDITIONAL RECOMMENDATIONS:

A meeting held at the R.C.D.S. headquarters on June 26, 1987 with those listed below resulted in agreement of several additional recommendations.

Dr. Brook Gardner — St. Clair College,
Dean, Continuing Education
Harriet McCabe — George Brown College,
Clinical Co-ordinator, Dental Hygiene
Jacqueline P. Roberts — Niagara College, President
Susan Matheson — Niagara College,
Co-ordinator Dental Hygiene
Salme Lavigne — Confederation College,
Co-ordinator Dental Health Programs
Carole Ono, Seneca College — Representing Heads
of Dental Health (Provincial)
Lynda Mickelson — RCDS, Chair for
Dental Hygiene Matters
Dr. Gordon Nikiforuk — RCDS, President
Dr. J. Stakiw — RCDS
Rev. Rondo Thomas — RCDS
Rosemary Donaldson — RCDS
Jacklyn Ferguson — RCDS (on-site team member)
Dr. George Browes — RCDS (on-site team member)
Dr. Gary Pitkin — RCDS, Past-President
Dr. K. Pownall — RCDS, Registrar
Elaine Hykawy — Ministry of Colleges and Universities
(MCU), Health Sciences Coordinator
Linda Strevens — RCDS, Executive Assistant, Chair
Lorne MacKenzie — MCU, Program Administrator,
Secretariat

1. that the status of approved accreditation be obtained prior to a College (C.A.A.T.) being eligible to participate in an on-site visit (in lieu of the regularly-scheduled licensing examination)
2. that if circumstances are such that a candidate is deemed by a College of Applied Arts and Technology not to be ready for licensure by the pre-determined graduation date, but, that the candidate is judged as meeting all necessary requirements at a later date, then the R.C.D.S. would license such a graduate upon *written* notification from the College (C.A.A.T.).

Conclusion

The on-site visits are essentially an attempt to review the clinical education process and clinical preparedness of typical students (the outcome of didactic and clinical education). Accordingly, they are designed to permit the observation of the clinical performance of individual students. It is important to stress, however, that the students whose performance is ob-

served during the process are viewed not as individuals, but as a sample of the educational program and its' clinical education component. The performance of typical students in the clinical setting is taken as representative of graduates in general.

Therefore, in the event that the team's report and recommendations of the visit are not satisfactory and not accepted by the Dental Hygiene Matters Committee, graduates of the College(s) in question will be required to sit a clinical licensing examination.

Dr. Roger Ellis, the newly appointed Deputy Registrar will assist us in evaluating the pilot project itself when he assumes his responsibilities with the College in July, 1988.

The DHMC forwarded the approved report of the team to the respective Colleges keeping in mind that the "starting" point of the re-visits for Confederation and Niagara will be a response to the recommendations. For your information the Committee has highlighted some of the recommendations and observations made by the team members:

- the assessment of the method used to ensure against loss of clinical records
- the implementation of in-service clinical workshops for teaching masters and clinicians
- the integration of didactic knowledge and preclinical education with clinical performance
- the determination that arrangements for evaluation of student performance are acceptable
- the implementation of safety glasses, gloves and masks to be worn by all students, and staff during intra-oral clinical procedures
- the method of applying a strongly committed current preventive dentistry philosophy
- the integration of medical histories, dental treatment plans, periodontal assessments
- the integration of preventive didactic knowledge with clinical performance
- the process, by which students are prepared preclinically and clinically to safely and competently render dental hygiene care.

This pilot has been a major project. Thanks to:

- all those involved at Confederation and Niagara Colleges for their cooperation and enthusiasm particularly Salme Lavigne and Susan Matheson.
- George Browes and Jackie Ferguson for their commitment to the pilot as a superb on-site team.
- Linda Strevens for the time in preparation and travelling that was and will be involved with the on-site visits and the licensing examinations. Many of us do not see the "behind the scenes" work that is involved with such a project so we don't completely appreciate the efforts extended by Linda.

Dental Hygiene Clinical Licensing Examination Results 1987

COLLEGE	# CANDIDATES	PASS	FAIL	% FAILURE
Algonquin (English)	26	22	4	18.2
(Ottawa) (French)	7	5	2	
Canadore (North Bay)	13	13	0	0
Cambrian (Sudbury)	12	12	0	0
Durham (Oshawa)	19	17	2	10.5
Fanshawe (London)	16	16	0	0
George Brown (Toronto)	38	32	6	15.7
Georgian (Orillia)	6	4	2	33.3
Seneca (Toronto)	15	15	0	0
St. Clair (Windsor)	19	15	4	21.1
Total (C.A.A.T.S.)	171	151	20	11.7
Out-of-Province	22	20	2	9.1
Supplementals	23	19	4	17.4

PILOT PROJECT	# CANDIDATES	PASS	FAIL	% FAILURE
Confederation (Thunder Bay)	11	11	—	—
Niagara (Welland)	17	17	—	—
Total Licensable Dental Hygienists As of July 30, 1987		218		

THE R.C.D.S. PROPOSAL RE: TWO YEAR DENTAL HYGIENE PROGRAM (DIRECT ENTRY)

Admissions into dental hygiene programs in the majority of the Colleges requires a dental assistant to be certified or certifiable with a specified amount of work experience. A report to the Ontario Council of Regents of the Ministry of Colleges and Universities concerning strong recommendations for a consecutive two year dental hygiene program was submitted by the R.C.D.S. in June 1986. To date no response has been received from the Ministry.

The accreditation process by the C.D.A. and the pilot project of the R.C.D.S. indicates that the present dental hygiene program requires decompression and lengthening. As you are aware the dental hygiene program was transferred from a direct entry two year program at the Faculty of Dentistry, University of Toronto to eleven C.A.A.T.'s throughout Ontario with dental assisting becoming the prerequisite for dental hygiene admission. At the same time several duties were added to the dental hygienists' scope of practice. While other health care programs such as the registered nursing assistants, nursing, and physio and occupational therapy have been lengthened, dental hygiene has been compressed. The Committee intends to send a "follow-up" to the appropriate person, or group which will include further information gathered from the

pilot project, the accreditation process, and Dr. Schatz's paper to the Health Professions Legislation Review team on "Educational Perspective".

The Provincial Committee on Heads of Dental Health Programs is considering an entire curriculum review of dental assisting and dental hygiene.

PREVENTIVE DENTAL ASSISTANTS

The Committee met with representatives from the O.D.A., the O.D.H.A., and the O.D.N. & A.A., on June 25, 1987. Many concerns and interests were voiced at this meeting.

In arriving at the recommendation to Council, the Committee considered:

- 1) the quality of dental care delivery
- 2) a proposal that addressed the public interest and the dental profession on a long term basis
- 3) the fact that there does not appear to be a short term solution
- 4) the concerns of all interested groups.

Currently there is no preventive dental assisting program or curriculum in Ontario. Courses have not been offered since 1978. This Committee felt that the present dental assisting program which is considered first year dental hygiene could include a curriculum change resulting in the addition of intra-oral duties. Graduates of these Community College courses would be classified as expanded duty dental assistants.

Council voted to defer the issue.

This Committee will gather information from all provinces to determine the intra-oral duties for dental assistants and dental hygienists. All information will be assessed and taken under advisement. We will then reassess the proposal and make further recommendations to Council.

CONTINUING EDUCATION

Marilyn Rinaldo and Ann Bosy of George Brown College attended the October 16, 1987 meeting to provide information about the continuing education program and to request subsidization for the present G.B.C./R.C.D.S. co-sponsored dental hygiene refresher course.

This course serves a need for:

- dental hygienists returning to the work force
- dental hygienists upgrading their knowledge and techniques
- dental hygienists from out-of-province who want to prepare for the Ontario dental hygiene licensing examination.

Council agreed to increase subsidization for this much needed course.

MANPOWER

As stated in the Toronto Star December 20, 1987 the province has increased the number of new students. Forty-seven new places were created at the eleven Colleges offering dental hygiene programs with the total number of students rising from 210 in September 1986 to 257 for 1987. The Government believes this will meet future needs but not create an oversupply situation.

Erie County Community College in Buffalo, New York has approximately 35% Canadian enrolment in their second year class and 50% Canadian enrolment in their first year class. (NOTE: Their course is a two-year dental hygiene program with no dental assisting admission requirements and with entry at the equivalent level to Grade XII.)

There appears to be conflicting information from the voluntary associations regarding dental hygiene manpower. The Committee will consider drafting up a questionnaire regarding dental hygiene utilization. We would like to gather information which will give us accurate information about the true available manpower in various geographical locations.

Results of an annual employment survey conducted by the College is appended to this report. You will note that 65.3% of the total number of licensed dental hygienists are employed 4 or more days per week; 12.4% are employed 3 days per week; 8.9% are employed 2 days per week and 3.6% are employed 1 day per week. Overall, the total number of dental hygienists employed is 90.25% or 2,343!

LEGISLATION

Mr. Bromstein legal counsel for the R.C.D.S. assisted this Committee in reviewing Ontario Regulation 446. Many issues such as re-entry to dental hygiene practice, complaints, discipline and on-going competency will be settled within the statute and regulations of the dental hygienists' governing body.

Supervision will become an issue again as the R.C.D.S. reacts to the Scope of Practice statements proposed by the Health Professions Legislation Review Committee.

HEPATITIS "B" AND AIDS

The Committee considered whether or not known hepatitis "B" or AIDS carriers should be considered for admittance into a dental hygiene program and also should they be eligible for licensure upon graduation.

The Provincial Heads of Dental Health Programs and Health Science Committees have been made aware of our concern.

CONCLUSION

It has been my privilege to Chair this Committee. My thanks to Committee members (Jim, Rondo, and Rosemary) for their time and interests and to Linda Strevens, Executive Assistant for her on-going assistance and dedication.

RESULTS — 1987 QUESTIONNAIRE

(A) i) STATISTICAL FILE:

a) Total number read	2,849
b) Total number of responses	2,596
c) Total number of "didn't respond"	123
d) Total number of errors	1
e) Total number of non-renewals	123 (same as "c")

ii) EMPLOYMENT STATUS:

a) Total number of dental hygienists employed full-time minimum of (5 days/week)	1,184 or 45.60%
b) Total number of dental hygienists employed 4 or more days/week	1,696 or 65.30%
c) Total number of dental hygienists employed 4 days/week	512 or 19.70%
d) Total number of dental hygienists employed 3 days/week	322 or 12.40%
e) Total number of dental hygienists employed 2 days/week	231 or 8.90%
f) Total number of dental hygienists employed 1 day/week	94 or 3.60%
g) Overall total of dental hygienists employed	2,343 or 90.25%
h) Total number of dental hygienists employed part-time (4,3,2,1 days/week)	1,194 or 46.00%
i) Total number of dental hygienists employed part-time [3,2,1 days/week (NOTE: if consider 4 days per week as full-time employment)]	647 or 25.00%

iii) EMPLOYMENT STATUS/YEAR OF REGISTRATION

a) Using the base of 5 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	1,023	1,973	83	51.8
(11 - 20)	119	443	30	26.8
(21 +)	42	180	10	23.3
Total	1,184	2,596	123	

ie. 1,184 or 45.6% are employed 5 days/week.

b) Using the base of 4 or more days/week as *full-time* employment

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	1,429	1,973	83	72.4
(11 - 20)	206	443	30	46.5
(21 +)	61	180	10	33.8
Total	1,696	2,596	123	

ie. 1,696 or 65.3% are employed 4 or more days/week.

c) Using the base of 4 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	406	1,973	83	20.5
(11 - 20)	87	443	30	19.6
(21 +)	61	180	10	10.5
Total	512	2,596	123	

ie. 512 or 19.7% are employed 4 days/week.

d) Using the base of 3 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	204	1,973	83	10.3
(11 - 20)	78	443	30	17.6
(21 +)	40	180	10	22.2
Total	322	2,596	123	

ie. 322 or 12.4% are employed 3 days/week.

e) Using a base of 2 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	141	1,973	83	7.1
(11 - 20)	62	443	30	13.9
(21 +)	28	180	10	15.5
Total	231	2,596	123	

ie. 231 or 8.9% are employed 2 days/week.

f) Using a base of 1 day/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	50	1,973	83	2.9
(11 - 20)	50	443	30	5.6
(21 +)	10	180	10	5.5
Total	94	2,596	123	

ie. 94 or 3.6% are employed 1 day/week.

g) Total number of those employed part-time (4,3,2,1 days/week)

Number of Years Since Registration	Response	Total Response	Non-renewal	N/R*	%
(1 - 10)	810	1,973	83	20	41.1
(11 - 20)	252	443	30	8	56.8
(21 +)	97	180	10	7	53.8
Total	1,159	2,596	123	35	

ie. 1,159 or 44.6% are employed part-time based on 4 or less days/week.

* NOTE: N/R

No response of 35. ie. the category of "part-time" was indicated but the specific category of number of days was not indicated.

h) Total number of those employed part-time (3,2,1 days/week)

Number of Years Since Registration	Response	Total Response	Non-renewal	N/R	%
(1 - 10)	404	1,973	83	20	20.4
(11 - 20)	165	443	30	8	37.2
(21 +)	78	180	10	7	43.3
Total	647	2,596	123	35	

ie. 647 or 24.9% are employed part-time based on 3 or less days/week.

i) Total number of dental hygienists employed

Number of Years Since Registration	Response	Total Response	Non-renewal	N/R*	%
(1 - 10)	1,833	1,973	83	20	92.3
(11 - 20)	371	443	30	8	83.7
(21 +)	139	180	10	7	77.2
Total	2,343	2,596	123	35	

ie. 2,343 or 90.2% are employed.

j) Total number of dental hygienists voluntarily unemployed

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	90	1,973	83	4.6
(11 - 20)	64	443	30	14.4
(21 +)	18	180	10	10.0
Total	172	2,596	123	

ie. 172 or 6.6% are voluntarily unemployed.

k) Total number of dental hygienists seeking employment.

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	38	1,973	83	1.9
(11 - 20)	8	443	30	1.8
(21 +)	3	180	10	1.6
Total	49	2,596	123	

ie. 49 or 1.8% are seeking employment.

B) EMPLOYMENT DISTRIBUTION

a) Working part-time but would work full-time if suitable position available.

Total Response 1,719

Breakdown:

Those responding "yes" 82 or 4.7%

Those responding "no" 738 or 42.9%

Those not responding 899 or 52.3%

ie. of those responding 82 or 4.7% are employed part-time but would consider full-time employment if a suitable position was available.

b) Working full-time but would work part-time if suitable position available.

Total Response 719

Breakdown:

Those responding "yes" 39 or 5.4%

Those responding "no" 152 or 21.1%

Those not responding 528 or 73.4%

ie. Of those responding 39 or 5.4% are employed full-time but would consider part-time employment if a suitable position was available.

C) EXPANDED DUTY DENTAL HYGIENISTS

i) STATISTICAL FILE:

a) Total number read 216

b) Total number of responses 202

c) Total number of "no response" 14*

(* NOTE: 14 did not respond as they were not of E.D.D.H. status until March 1987 and therefore did not complete the license renewal form as an EO).

ii) EMPLOYMENT STATUS

a) Total number employed full-time 92 or 45.5%

b) Total number employed part-time 96 or 47.5%

c) Total number employed 188 or 93.1%

d) Total number voluntarily unemployed 12 or 5.9%

e) Total number employed part-time but seeking further employment as an E.D.D.H. 2 or .9%

iii) EMPLOYMENT DISTRIBUTION:

a) Total number employed 4 or more days/week 138 or 68.3%

b) Total number employed 4 days/week 46 or 22.7%

c) Total number employed 3 days/week 20 or 9.9%

d) Total number employed 2 days/week 18 or 8.9%

e) Total number employed 1 day/week 10 or 4.9%

iv) AVERAGE NUMBER OF DAYS/WEEK EXPANDED DUTIES ARE PERFORMED

a) Of those employed full-time — 2 days/week

b) Of those employed part-time — 1.2 days/week

Education

REPORT OF THE EDUCATION COMMITTEE

Chair: E. Luks, D.D.S.

Committee Members: M. Harding, L. Mickelson
W. Hilliard, D.D.S.

FUNCTIONS OF THE COMMITTEE

The Education Committee oversees the educational functions of the College. As defined in Section 21(2)b of the Health Disciplines Act, one of the objects of the College is to establish, maintain and develop standards of knowledge and skill among its members. This function has been granted to the Education Committee.

The general areas of interest of this Committee are:

1. To provide continuing education programmes for dentists and dental hygienists.
2. To study and implement methods in which the College can keep its members and dental hygienists better informed of current standards of practice: e.g. Dentaguide, videotape library, publications, etc.
3. To monitor the needs and demands of the profession for continuing education and to investigate the most effective methods of providing this information to the dentists and dental hygienists of Ontario.
4. To promote dental health through public education.

CONTINUING EDUCATION

Component dental and dental hygiene societies received new guidelines for financial assistance of continuing education programs sponsored by the College.

As in the past, each society could select *two* one-day sessions and *one* two-day session per year with the opportunity of substituting the latter with a participation course. The R.C.D.S. pays for the speakers' honoraria and expenses as well as publishing and distributing the program announcements. The responsibilities of collecting registration fees, issuing receipts and covering the costs of room rental, meals, coffee breaks, rental of A/V equipment, etc. now remains with the component societies. The registration fee is determined by the component society based on the projected associated costs.

PREFERRED COURSES BY DENTISTS AND DENTAL HYGIENISTS AS PER THE 1987 R.C.D.S. SURVEY

Of the 5,075 (94%) dentists who responded to the questionnaire, the results indicated that the five priorities of courses and formats were:

- | | | |
|-----------------------------------|---|----------------|
| 1. Basic Restorative | — | lecture format |
| 2. Fixed Prosthetics | — | lecture format |
| 3. Periodontics | — | lecture format |
| 4. Diagnosis & Treatment Planning | — | lecture format |
| 5. Practice Administration | — | lecture format |

Of the 2,589 (96%) dental hygienists who responded to the questionnaire, the results indicated the following top five priorities:

- | | | |
|-------------------------|---|-----------------|
| 1. Periodontics | — | lecture format |
| 2. Infection Control | — | lecture format |
| 3. Oral Pathology | — | lecture format |
| 4. Orthodontics | — | clinical format |
| 5. Preventive Dentistry | — | lecture format |

It is felt that practitioners will voluntarily attend and absorb more information from courses that meet their interest needs.

COMMITTEE WORK IN PROGRESS

1. Development of a compulsory continuing education programme to meet the needs of the government to develop continuing competency evaluation for re-licensure.
2. Promotion to the profession and the public the benefits of Direct Reimbursement as a payment method for dentistry as it is quality biased with proven reduction in costs.
3. Education of the profession in the protocol for handling and detecting Wife Assault. It is not a way of life but a criminal offense, and because of its prevalence our support would be beneficial.
4. Studying the use of Teleconferencing as a tool for use in continuing education.

Finance & Property

REPORT OF THE FINANCE & PROPERTY COMMITTEE

Chair: W.H. Treleaven, D.D.S.

Committee Members: R. Donaldson, Z.M. Dossett,
R.T. Lang, D.D.S., T. Gordon White, D.D.S.

GENERAL COMMENTS

The Finance & Property Committee met prior to the Spring Council meeting to set a preliminary budget and then again prior to the Fall meeting for the final budget.

There was no budgetary increase relative to the General Fund however, the Professional Liability assessment part of the license fee was increased significantly in order to offset the losses incurred in previous years.

INCOME

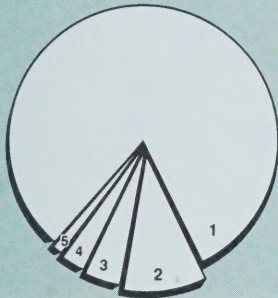
A. Dentists:	5,560 @ \$875	4,943,750
Registration Fee:	200 @ \$100	20,000
Less P.L.I. Portion:	5,560 @ \$575	<3,248,750>
		1,715,000
B. Hygienists	3,100 @ \$110	341,000
Registration Fee:	200 @ \$ 25	5,000
C. Examination Fees		
Income from Dental Hygiene Examinations.		
D. Interest		
Interest rates have remained low. Our principal amount for investing is lower.		
E. Property Rent		
No longer applicable as apartment has been renovated into office space.		
F. Sundry		
Income from sale of membership lists etc.		
G. Continuing Education		
Fees are now collected and disbursed by societies.		
H. Administration Change to P.L.I.		
Income re: salaries, materials, computer time, hardware and software re: P.L.I. program		

EXPENSES

- I. **Salaries and Charges**
This represents an increase in individual salaries of 5.5% plus an increase in staff.

- J. **Postage and Couriers**
Postage rates have increased as have the number of mailings.
- K. **Printing, Stationery and Supplies**
Additional members, increased communications and publications, increases in material costs.
- L. **Telephone**
Additional telephone lines because of increases in staff.
- M. **Equipment**
This represents leases and maintenance contracts for computer, mailing equipment, copying machines, typewriters, word processors, etc.
- N. **Property Expenses**
Taxes, insurance, maintenance and repair.
- O. **Staff Travel & Training**
Includes car rentals, repairs, insurance, etc.
- P. **Exams & Assessments — Hygiene**
Costs of administering Dental Hygiene examinations and assessments.
- Q. **Council Honoraria**
Honoraria paid to Council members for attending meetings. Includes non-council members of ad hoc committees.
- R. **Continuing Education**
Honoraria and expenses for lecturers.
- S. **Professional Fees**
Legal and auditing fees plus staff search fees, etc.
- T. **Witness & Court Reporter**
Fees paid for witnesses at Discipline Hearings and costs of Court Reporter for these hearings.
- U. **Council Insurance**
Accident Insurance to cover members of Council and Clinicians while on College business.
- V. **Council & Committee Expenses**
Includes accommodation, meals, transportation, telephone calls, etc. while on College business.
- W. **Grants**
Grants to Universities of various Scholarship Funds and to the Canadian Dental Association Committee for Accreditation.
- X. **Administrative Expenses**
- Y. **Building Fund**
- Z. **Contingency Fund**

**1987
BUDGET
INCOME —
Total \$2,305,000.00**



1. Fees — Dentists
(less P.L.I. Premium)
74.40%
2. Fees — Dental Hygienists
3. Examination Fees &
Assessment
4. P.L.I. Administration Fee
5. Interest, Sundry Revenue

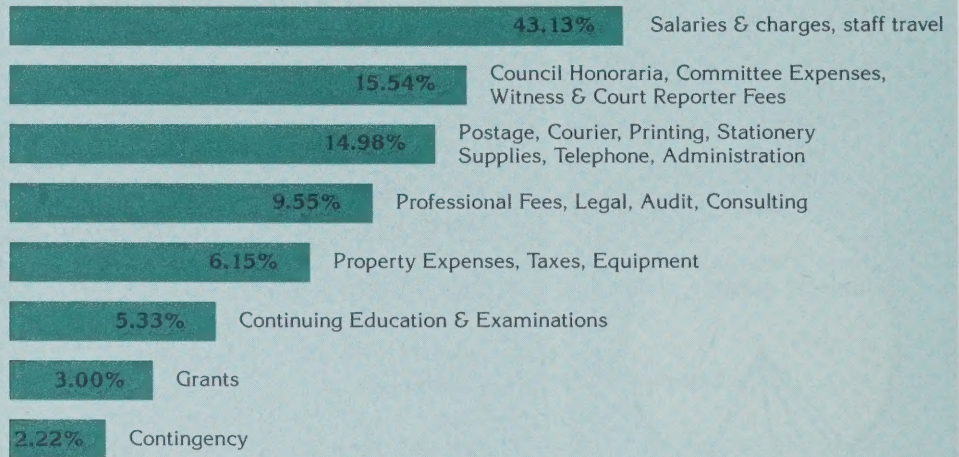
INCOME & EXPENSES 1987

INCOME	Actual 1986	Budget 1987	Actual Sept. 30	Budget 1988
A. Fees & Reg. — Dentists	3,010,027	4,097,500	4,116,750	4,963,750
Less P.L.I. Premium	<u>1,428,615</u>	<u>2,452,500</u>	<u>2,452,500</u>	<u>3,248,750</u>
	1,581,412	1,645,000	1,664,250	1,715,000
B. Fees & Reg. — Hygienists	284,380	325,000	336,902	346,000
C. Exams & Assess. Fees — Hyg.	40,275	41,000	49,412	50,000
D. Interest	141,820	45,000	42,000	65,000
E. Property Rent	175	—	—	—
F. Sundry	13,426	10,000	12,626	12,000
G. Cont. Education	66,236	50,000	23,070	—
H. Admin Charge — P.L.I.	75,000	80,000	—	117,000
	<u>2,202,724</u>	<u>2,196,000</u>	<u>2,128,260</u>	<u>2,305,000</u>

EXPENSES

I. Salaries & Charges	683,590	777,000	529,850	911,000
J. Postage & Courier	83,057	75,000	76,383	107,000
K. Print. Stat. & Supp.	120,387	125,000	103,312	150,000
L. Telephone	19,091	23,000	22,044	30,000
M. Equipment	203,258	90,000	84,706	70,000
N. Property	89,054	66,050	46,129	68,300
O. Staff Travel & Training	52,259	60,000	23,722	60,000
P. Exams & Assess. — Hygiene	40,782	55,000	62,694	50,000
Q. Council Honoraria	245,300	280,000	133,152	250,000
R. Continuing Education	107,864	100,000	36,493	70,000
S. Professional Fees — Legal	176,247	250,000	134,706	200,000
— Audit	9,802	10,000	9,000	10,000
— Consult.			9,120	5,000
T. Witness & Court Rep. Fees	2,095	10,000	2,158	10,000
U. Council Insurance	2,715	3,000	2,715	3,000
V. Council & Committee Exp.	86,908	90,000	52,869	90,000
W. Grants	35,761	65,000	62,289	67,500
X. Admin. Expenses	67,936	25,000	28,881	50,000
Y. Contingency Fund	—	50,000	—	50,000
	<u>2,026,106</u>	<u>2,154,050</u>	<u>1,420,223</u>	<u>2,251,800</u>
Surplus or (Deficit)	176,618	41,950	708,037	53,200

1988
BUDGET EXPENSES —
\$2,251,800.00



Requests have been made by individuals and groups for information concerning the remuneration and expenses of Members of the R.C.D.S. Council for any year.

This information is available upon request to the College.

ACKNOWLEDGEMENT

As Chair, I wish to thank the members of the Committee and the staff for their assistance.

General Purpose

REPORT OF THE GENERAL PURPOSE COMMITTEE

Chair: R. Lang, D.D.S.

Committee Members: R. Donaldson, Z.M. Dossett, W.R. Hilliard, D.D.S., W.H. Treleaven, D.D.S.

The General Purpose Committee is a new Committee formed last year. The Committee consists of one lay member, two dentists and one hygienist.

The function of the Committee is to study and make recommendations to Council on matters related to the following areas:

ANAESTHESIA & SEDATION

The Committee has met with members of the profession who are qualified to do Anaesthesia and Sedation. Based on their input, we are revising the current Guidelines on Anaesthesia and Sedation.

DELIVERY OF DENTAL CARE TO PATIENTS IN INSTITUTIONS, PUBLIC HEALTH AND COLLECTIVE LIVING CENTRES

The Committee strongly supports continuing education programs in this area. It will also continue to dialogue with the Ministry of Health and the Ontario Society of Public Health Dentists when issues arise.

DENTAL IMPLANTS

The Committee has had input from numerous groups involved with dental implantology. Based on this input we are currently revising the College's Guidelines on Dental Implants.

QUALITY ASSURANCE

As you may be aware, a process of legislative review is currently underway at the provincial level preparatory to the drafting of new legislation governing the health professions.

Ongoing discussions between The Royal College of Dental Surgeons and the Ministry of Health concerning this legislation have revealed that, in all likelihood, all of the health professions will be required by statute to institute some form of regulatory quality assurance program.

Various forms of quality assurance programs are being studied or are already now in place in some provinces. These include mandatory continuing education, chart inspections, self-learning and self-assessment programs, and similar programs designed to insure a high standard of professional care.

Other health professions have also either instituted quality assurance programs or are currently studying the issue in response to the legislative review process.

Although the final decision about the nature of any legislated quality assurance programs will be made by the Government, the R.C.D.S. and the profession as a whole now have an opportunity to provide input into the legislative process.

Accordingly, we are very interested to receive input from the profession concerning this issue. The General Purpose Committee welcomes submissions from members of the profession informing it of their views on the issue. Local dental societies are currently being asked to set up Quality Assurance Committees to formulate recommendations which will be considered in the process.

R.C.D.S. REPRESENTATION ON COUNCIL

Due to the very heavy workload carried by all the members of Council, coupled with the difficulty in staying in touch with the dentists across our large province, a proposal is being studied to increase the number of dentists on Council by 3.

I would encourage the members of the profession to discuss this subject with the members of Council and let their feelings be known about additional representation on Council. Also, if you feel that your district would benefit from having an additional elected representative, please let us know.

CONCLUSION

As Chair of the Committee, I would like to thank the members of my Committee and Dr. Jim Gillespie for their kind assistance and support.

I would like to thank the many members of our profession who have taken the time to inform me of their views and concerns on the many topics under the consideration of the General Purpose Committee.

I encourage all members of our profession to let the College know your views on the subjects that are important to you. When decisions concerning our professional lives are about to be made, your input is extremely vital!

Legal & Legislation

REPORT OF THE LEGAL & LEGISLATION COMMITTEE

Chair: W.J. Dunn, D.D.S.

Committee Members: W.R. Hilliard, D.D.S.,
E. Luks, D.D.S., L.L. Mickelson, G.E. Pitkin, D.D.S.,
R. Sutherland

REGULATIONS

1. Section 25 of the *Health Disciplines Act* provides that the Council of the College may make, amend, or revoke regulations but only with the approval of the Lieutenant Governor in Council (the Provincial Cabinet). Also the Minister of Health has, through Section 3(2) of the same statute and acting through the Lieutenant Governor in Council, legal authority to request the Council of the College to make, amend, or revoke a regulation. Should the Council fail to so act within sixty days after the request, the Provincial Cabinet may unilaterally effect the changes it has specified.
2. The Ministry of Health has made it apparent, notwithstanding the College's expressed grave concern about possible negative consequences on the quality of dental care, that the regulatory environment for the practice of dentistry must not proscribe governmentally-acceptable alternate delivery systems, including capitation. Should it be deemed by the Ministry of Health that any of the College's regulations is inimical to the implementation or continuance of such alternate delivery systems, it redounds to the Ministry, with the concurrence of Cabinet, to amend the regulations, as the Ministry deems appropriate, to assure that dentists participating in alternate delivery systems are not subject, on that account, to legal sanctions.
3. As it was the majority view of the members of the Legal and Legislation Committee that the quality and fairness of the regulations ultimately adopted are likely to be better when the initial proposals have had their genesis within the Council, the Committee presented the Council with a comprehensive set of conceptual regulatory proposals. The Committee recognized that, concerning plans operated by promoters, it would be inappropriate to attempt to control agreements through professional conduct standards for dentists. It will be necessary, therefore, to continue to press government to enact omnibus legislation to regulate *plans*. The Committee was guided in its deliberations on the review of, essentially, the professional misconduct regulations (Section 37) by the concept that the totality of the regulations does not create unfairness for dentists currently practising in the more traditional modes and who prefer not to participate in capitation or other alternate delivery systems.
4. The Legal and Legislation Committee – although as a Committee it did not, during 1987, meet directly with the

representatives of the Ministry of Health – is serving, through its legal counsel, as the College's liaison with the Ministry concerning regulations bearing on alternate delivery systems. The negotiations were both positive and useful and the conceptual changes advanced by the Committee were not, as far as could be ascertained, at odds with the views of the Ministry's representatives.

5. Central to the Committee's deliberations were the three principles adopted by Council pursuant to the recommendations of the original RCDS/Ministry of Health Working Group:
 1. Quality of patient care is paramount and shall not be compromised.
 2. When a closed panel dental care plan is offered, the recipient of dental benefits shall also be given the choice of a plan that does not restrict accessibility to any dentist. This choice shall be made available on the initial selection of a plan and periodically thereafter.
 3. Dentists shall be subject to a single professional regulatory process regardless of arrangements for payment for dental services.
6. Concerning the conceptual changes to the regulations, the Committee, in 1987, met five times, one of the meetings lasting two days. A submission was received from the Labourers' Union Local 183 Dental Clinic, the content of which was carefully and conscientiously considered. The recommendations presented to Council in November 1987 represented approximately forty hours of rather intensive Committee deliberation.
7. Council, during its November 1987 meeting, invested a very considerable portion of its available time to an in-depth consideration of the conceptual changes proposed by the Committee. Prior to further discussions with the Ministry's representatives, it was decided to approach the newly-appointed Minister of Health again to convey the Council's concerns relative to a possible negative impact on the quality of care. At year end (1987) a reply from the Minister was being awaited.

BY-LAWS

1. The Committee embarked on a major review of the College's by-laws and has plans to present its recommendations to the Council in 1988.

Professional Liability

REPORT OF THE PROFESSIONAL LIABILITY INSURANCE COMMITTEE

Chair: G.C. White, D.D.S.

Committee Members: W.J. Dunn, D.D.S., R. Donaldson, E. Swadron

Our Professional Liability Plan has been in existence for 15 years. It has served both the public and the profession well. In spite of recent increases, it is still the least expensive in North America for \$1,000,000.00 protection.

The claims, however, are increasing both in numbers and severity. In the first 10 years of the Plan, 900 files were opened. In the last five years 1,339. That's roughly a 300% per year increase; ie. an average of 90 claims per year from 1973 to 1982 compared to an average of 267 claims per year from 1983 to 1987.

In the first 10 years, we received four (4) statements of claim where our members were being sued for \$1,000,000.00 or more; in the last 5 years, fourteen (14) such claims have been made.

The risk that our re-insurer faces when such claims are served and the reserves that he has to keep, by law, result in more expensive costs for excess coverage.

During 1987, some steps were taken that we hope will assist us in controlling costs and claims.

1. More of the work will be done "in-house". All claims will have to be reported to the Plan number, 416-920-4601. The staff will determine whether the matter will be handled internally or assigned to an outside adjuster.

2. The stepped-up deductible will be continued and the period for the extra deductible payments will be increased from 24 to 36 months.
3. Where a partnership is named in a claim, it shall be considered as if each partner was so named for the purpose of calculating the deductible.
4. Claims Prevention Bulletins will be continued. Requests for presentations to local societies will be encouraged.

Of interest to some members is that a mechanism has been developed where some dentists, working in Ontario, who present no risk to the Plan because they are insured by their employers, will be eligible for a refund of \$475.00 for the year 1988. The refund will be made on application near the end of the calendar year. Members who feel that they qualify for this refund should call the Plan Office for additional information.

Under the terms of our Policy, COVERAGE DOES NOT APPLY, "to liability of persons other than an Insured which is assumed by an Insured under any contract or agreement."

Members considering the signing of Hold Harmless Clauses or Waiver Agreements, with employers and/or hospitals and/or other agencies, *should consult their lawyers before signing any such documents*. Members should be made aware of the responsibilities they are accepting.

The tables following this report should provide members with much information about their plan. We recommend that they be reviewed.

I would like to thank the members of my Committee and the members of the staff for their valuable assistance in the discharging of these responsibilities.

Table I CLAIMS EXPERIENCE — December 31, 1987
CLOSED FILES

	From To	1973	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	Total	
Claims Payment	\$ 0	93	43	49	58	40	60	72	62	224	156	141	41	1,039	59.47%	
\$ 1 -	1,000	49	12	19	28	31	24	20	14	14	18	12	4	245	14.02%	
1,001 -	5,000	38	14	21	22	20	28	30	35	33	26	20	5	292	16.71%	
5,001 -	10,000	9	2	8	4	1	14	11	12	10	9	4	2	86	4.92%	
10,001 -	15,000	6	2	4	1	5	5	6	4	3	1	2	0	39	2.23%	
15,001 -	25,000	4	0	0	3	0	4	4	5	4	2	1	0	27	1.54%	
25,001 -	50,000	0	1	0	2	1	0	4	2	2	0	0	0	12	.68%	
50,001 -	100,000	2	1	0	0	2	1	1	0	0	0	0	0	7	.40%	
Closed Cases		201	75	101	118	100	136	148	134	290	212	180	52	1,747	100.00%	
Outstanding Cases		0	5	1	1	4	4	6	13	30	38	105	281	488		
Total Claims		201	80	102	119	104	140	154	147	320	250	285	333	2,235		

RESUME OF CLOSED FILES:

59.47% were closed with no claims payment or legal fees.
 73.49% were closed with claims payments and legal fees under \$ 1,000.
 90.20% were closed with claims payments and legal fees under 5,000.
 95.12% were closed with claims payments and legal fees under 10,000.
 97.35% were closed with claims payments and legal fees under 15,000.
 98.89% were closed with claims payments and legal fees under 25,000.
 99.57% were closed with claims payments and legal fees under 50,000.
 99.97% were closed with claims payments and legal fees under 100,000.

Table 2

AREAS OF DENTISTRY — December 31, 1987

Year	Endodontics	Operative Dentistry	Orthodontics	Periodontics	Prosthodontics		Surgery	Radiology	General Dentistry	Unknown
					Fixed	Removable				
1973	1	8	0	2	0	4	14	0	0	0
1974	7	7	4	1	8	1	27	0	5	0
1975	4	6	0	0	5	2	23	0	2	1
1976	8	4	1	0	10	9	23	1	13	0
1977	9	16	3	1	13	4	24	0	10	0
1978	15	15	3	8	16	4	31	1	9	0
1979	17	6	3	6	23	10	36	0	18	0
1980	14	10	2	3	6	4	39	1	24	1
1981	10	12	8	3	13	9	64	0	21	0
1982	27	11	10	1	24	7	49	0	25	0
1983	24	4	5	4	20	8	45	0	37	0
1984	31	10	72	5	32	15	80	1	74	0
1985	37	13	7	10	34	17	74	0	57	1
1986	34	29	22	5	33	13	93	3	51	2
1987	38	32	20	8	35	21	88	3	67	21
Total	276	183	160	57	272	128	710	10	413	26

Table 3

PRIMARY CAUSES BY YEAR — December 31, 1987

Cause	Description	From 1973 To 1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	Total
0	Insufficient Information	0	0	0	0	0	0	0	0	0	0	0	0	2	21	23
1	Untoward Reaction to Drugs/Anaes.	3	1	0	1	2	1	2	1	2	4	12	19	4	12	64
2	Anaes. Accident — Incapacitation	2	0	0	0	0	0	0	0	0	0	0	1	1	0	4
3	Anaes. Accident — Death	0	0	0	1	1	1	1	0	0	0	0	1	2	2	9
4	Extraction Wrong/Extra Tooth/Teeth	13	3	4	3	5	8	9	15	10	8	10	12	20	18	138
5	Failure to Diagnose or Treat	3	1	9	7	15	13	10	14	17	13	19	28	28	32	209
6	Fracture of Mandible	3	8	6	8	2	5	1	0	1	2	5	3	1	1	46
7	Ingestion of Instrument/Material	5	2	3	4	1	2	2	1	0	1	3	3	1	1	29
8	Inhalation of Instrument/Material	0	0	1	0	0	2	1	1	0	0	0	0	0	0	5
9	Instrument Breakage Tooth/Tissue	1	2	3	3	5	4	7	0	6	7	5	2	8	4	57
10	Parasthesia — Following Surgery	2	2	5	4	5	4	8	14	14	14	30	15	19	19	155
11	Parasthesia — Following Injection	3	2	1	2	3	0	3	2	2	4	8	14	9	15	68
12	Perforation of Sinus	4	0	0	1	2	3	0	1	1	3	1	1	6	5	28
13	Roots not Removed	0	1	0	0	0	1	1	2	1	0	4	0	4	2	16
14	Soft Tissue Trauma	6	6	4	5	1	5	5	10	10	3	12	9	14	16	106
15	Trismus	2	0	1	1	2	0	0	0	4	1	1	4	3	3	22
16	Unsatisfactory Dentures	5	3	6	4	4	10	4	9	7	10	16	15	14	19	126
17	Unsatisfactory Fixed Bridge(s)	6	4	10	13	14	16	7	10	23	21	25	34	30	30	243
18	Unsatisfactory Operative	4	2	3	5	12	4	7	12	9	7	11	10	17	22	125
19	Unsatisfactory Orthodontics	3	0	1	2	2	1	2	5	5	4	68	5	17	11	126
20	Unsatisfactory Periodontics	0	0	0	0	0	3	2	1	1	3	3	3	3	6	25
21	Unsatisfactory R. C. Therapy	1	1	4	4	11	13	9	4	14	11	21	22	14	23	152
22	Unsatisfactory Oral Surgery	1	1	2	6	3	3	7	16	6	11	16	19	20	20	131
23	Treatment of Wrong Tooth	1	0	0	1	1	0	1	1	2	2	3	5	8	6	31
24	Fracture of Tooth	10	1	2	3	1	3	5	3	4	4	2	7	4	1	50
25	Death Following/During Treatment	3	1	0	1	4	1	0	3	1	0	6	2	2	1	25
26	Untoward Reaction to Treatment	5	0	0	1	2	4	3	5	10	10	8	5	11	10	74
27	Unsatisfactory Implant(s)	1	1	1	0	0	1	2	2	1	0	1	1	3	3	17
28	Other	2	1	3	0	4	11	5	8	3	4	30	10	20	30	131

2,235

Table 4

SECONDARY CAUSES BY YEAR — December 31, 1987

		From 1973															Total
Cause	Description	To 1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987		
0	Insufficient Information	0	0	0	0	0	0	0	0	0	0	0	0	2	21		
1	Absence or failure of follow-up	2	1	1	5	8	5	4	2	5	2	11	6	11	16		
2	Inadequate Records	0	1	1	0	0	2	1	1	2	2	0	2	4	0		
3	Inexperience	1	1	0	2	2	0	0	4	2	8	7	5	8	9		
4	Insufficient X-Rays	2	4	2	1	6	2	2	0	2	5	4	2	5	3		
5	Lack of Informed Consent	8	1	2	1	4	10	6	10	21	24	21	31	27	14		
6	Lack of Signed Consent	2	0	0	2	0	1	1	0	1	3	0	2	3	1		
7	Overbooked — Too Busy	0	1	0	0	0	0	1	3	0	2	0	0	2	0		
8	Poor Communication	11	3	3	8	13	8	27	33	30	21	32	54	49	37		
9	Pursuing Outstanding Account	6	3	9	8	5	15	10	8	14	15	17	17	23	19		
10	No apparent Secondary Cause	56	26	50	53	64	76	52	79	76	64	226	127	139	212		
11	Under Influence Drugs/Alcohol	0	1	0	0	0	0	0	0	0	0	1	1	0	0		
12	Equipment Malfunction	1	1	1	0	0	0	0	0	1	1	1	3	11	1		
99	Description not found	0	0	0	0	0	0	0	0	0	0	0	0	1	0		

2,235

U. of T. Report

REPORT OF THE DEAN OF THE FACULTY OF DENTISTRY, UNIVERSITY OF TORONTO

A.R. TenCate, B.Sc., B.D.S., Ph.D.

INTRODUCTION

I am pleased to present the annual report of the Faculty of Dentistry, University of Toronto.

The past year has been a productive year for the school in terms of education, research and service, and I am particularly pleased to report that a number of our staff and students have received numerous distinctions. While some of these are listed formally later in this report, I would like to mention here the award of an honorary degree to Dr. George Zarb by the University of Gothenberg for his services to dentistry, and the fact that two of our graduate students won both prizes in the Hatton Award competition of the International Association for Dental Research — the only time, I believe, that any school has achieved such a distinction. The awards are judged on the oral presentation of a scientific paper and the quality of a manuscript suitable for publication.

Two further distinctions of a slightly different nature are also worthy of mention. Through the spearheading activities of our biomaterials department an Institute for Biomaterials has been established in conjunction with the Faculties of Engineering Science and Medicine, and this Institute has since been further incorporated into a new centre of excellence attracting some \$7,000,000 in funds. The second is the award of Connaught (\$250,000) to establish a flow cytometer facility within the Faculty and within the University.

I would also like to highlight some issues which I believe exemplify that the Faculty remains at the forefront of change — as it is charged to do by the very fact it is embraced by the University.

As members are probably aware, the Faculty awaits the report of a task force which was asked to advise the Faculty as to what product it should be producing in the future to cope with the changing pattern of dental disease. Whatever recommendations might ensue, the Faculty has positioned itself to respond to this task force report by planning to reduce its enrolment from 104 to 80 in 1988 thereby increasing its flexibility to achieve curricular change. I believe it is important to appreciate that the University of Toronto has recognized a societal responsibility in terms of dental manpower production by reducing enrolment at considerable cost to the University. It is perhaps salutary to point out that the last time that the two dental schools in Ontario reduced enrolment significantly, at considerable cost to the Universities, this action resulted in no change in total Canadian output of new graduates as schools elsewhere took up the slack. This time I am hopeful that Canada-wide cooperation will prevent a recurrence. I make these observations to illustrate that the University is responding responsibly to a problem at considerable expense to itself, but that, at the same time, it sees this as an opportunity to adopt a different future.



A consequence of enrolment reduction is that greater pressure is placed on our admission process. Unlike the United States where the applicant pool matches the number of places available, we still have a pool of a thousand applicants plus competing for a declining number of places. Recognizing this increased pressure Faculty Council has proposed that the admission process involve: (1) the offer of immediate places to a number of outstanding applicants based on a number of criteria, (2) the outright rejection of applicants not meeting established minimum criteria, and (3) selecting by ballot the remaining places from a pool of applicants who all meet minimum criteria but whom we cannot fairly distinguish in rank order. It should be noted that this approach is meeting resistance within the University and will lead to a debate of some intensity. Whatever the outcome of the debate it again illustrates, I believe, the proactive role of the Faculty within the University.

Finally, a brief word concerning our "conditional" status for the undergraduate program. The R.C.D.S. with its responsibility to protect the quality of dental services to the people of Ontario, should be assured that the "condition" does not relate to the quality of our program or to our end-product — this is made clear from the survey report which is deposited in our Library and available for all to read. The issue rather pertains to admission criteria which, as I have already indicated, are constantly being developed to meet changing circumstances.



STAFF CHANGES

Retirements (June 30, 1987)

Dr. D. Stoneman, Professor of Dentistry and Head of Oral Radiology

Appointments (July 1, 1987)

Dr. H.C. Tenenbaum, Assistant Professor of Dentistry (Periodontics)

Dr. E. Young, Assistant Professor of Dentistry (Anaesthesia)

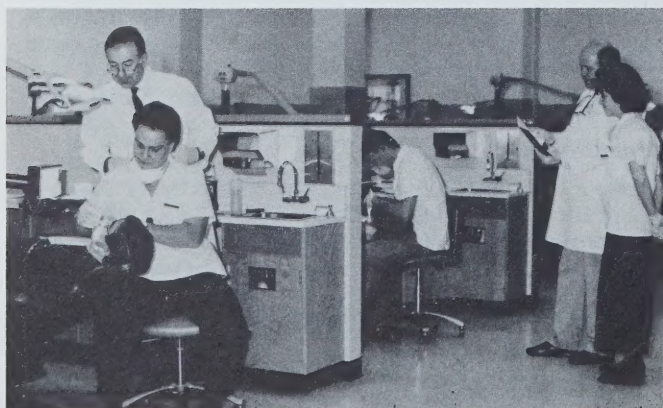
Dr. A. Metaxas, Assistant Professor of Dentistry (Orthodontics)

Dr. P. Apse, Assistant Professor of Dentistry (Prosthodontics)

Dr. P. Birek, Assistant Professor of Dentistry (Periodontics)

Dr. M. Lee, Assistant Professor of Dentistry (Metallurgy/Materials Science and Biomaterials)

Dr. G.C. Bradley, Assistant Professor of Dentistry (Oral Pathology)



Intra-Faculty Appointments

Dr. M. Pharoah has been appointed Head of Oral Radiology (July 1, 1987)

Promotions

Dr. E.D. Fillery has been promoted from Assistant Professor to Associate Professor with tenure.

Dr. G. Baker, Assistant Professor of Dentistry from Associate in Dentistry

Dr. M. Levine, Assistant Professor of Dentistry from Lecturer

EDUCATION

In the past year 118 students graduated from the Faculty with the following degrees/diplomas:

Doctor of Dental Surgery	88
Diplomas	21
M.Sc.	6
Ph.D.	3

Total enrolment for the 1987/88 academic year in undergraduate, graduate and postgraduate programs is 511, broken down as follows:

Doctor of Dental Surgery	399
Diploma.....	35
M.Sc.	21
M.Sc. (part-time).....	1
Combined diploma/M.Sc.	5
Combined D.D.S./Ph.D.	1
Combined diploma/Ph.D.	3
Ph.D.	12
Special students (diploma)	2
Special students (M.Sc.)	3
Interns	29

SCHOLARLY ACTIVITY AND ACADEMIC DISTINCTION

Dr. D.G. Woodside received the A.B. Hord Master Teacher Award for a full-time member of staff and Dr. L. Koutsaris received the A.B. Hord Master Teacher Award for a part-time member of staff.

Dr. D.G. Woodside was presented with the 1986 Benno E. Lischer Award at the Washington University School of Medicine in St. Louis. This international award is presented annually to one who has made a major contribution to the advancement of orthodontics.

Dr. A. Metaxas is the winner of the Award of Special Merit in the 1987 Milo Hellman Research Competition of the American Association of Orthodontists.

Dr. G.A. Zarb received an honorary degree from the University of Gothenberg for his work in dental implants.

Dr. D.G. Woodside received an award from the American Journal of Orthodontics for the best article in 1986 in that journal.

Graduate Student Awards

Dr. C. Overall was awarded first prize for the best research paper in the postdoctoral category (Hatton Award).

Dr. C. Maniatopoulos received the second prize for the best research paper in the postdoctoral category (Hatton Award).

This represents the first time that students from a single school have received both first and second prizes.

Dr. C. Maniatopoulos is the first recipient of the Mineralized Tissue Group Student Travel Award. This award is given for the best paper submitted to the Mineralized Tissue Group of the IADR. The award was presented at the IADR meeting in Chicago in March.

RESEARCH FUNDING

Total research support to the Faculty is shown in the chart below. It is worth noting that the total research support was \$1,881,166.

RESEARCH FUNDING BY TYPE OF GRANT Total Funding Sources

Research Grants	\$ Value	Number
Operating Grants	720,754	20
Major Equipment	35,000	2
Maintenance	0	0
Other (Including Travel)	1,125,412	11
Subtotal — Research Support	1,881,166	33

Support of Research Personnel and Trainees

Associateships	0	0
Scholarships	0	0
Fellowships	122,228	5
Visiting Scientists	0	0
Studentships	0	0
Research Scholarships — Summer	46,700	26
I Anson Fund (DDS, PHD Programme)	5,000	1
O.M.H. (Career Scientist Award)	43,834	1
O.M.H. (Career Scientist Award)	34,069	1
O.M.H. (Career Scientist Award)	33,907	1
Subtotal — Personnel Support	285,738	35
Total — Research & Personnel Support	2,166,904	68



U.W.O. Report

REPORT OF THE DEAN OF THE FACULTY OF DENTISTRY, UNIVERSITY OF WESTERN ONTARIO

Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S., R.C.S.,
M.R.C.P., L.R.C.S.

ACADEMIC AFFAIRS

A Faculty Retreat was held on Saturday, December 15, 1986, which focused on clinical teaching.

The Association of Canadian Faculties of Dentistry Summer Teaching Institute was held for the second time here at Western, three members of our faculty attended.

Preparations are underway for the A.C.F.D. Conference which will be held at Western in June 1989, coinciding with the 25th Anniversary of the Faculty.

Computerization of patients' accounts has now been completed and the Faculty is now proceeding with computerization of clinical records and student progression records. The computerization of patient acquisition and assignment is now well under way.

Following the increased awareness of the possibility of cross infection, a more rigid enforcement of the use of gloves, face-masks and glasses has been instituted in the clinic.

The Faculty has received a Medical Research Council Development Grant which will enable Dr. Jeffrey Dixon to come to the school. He will have joint appointments in the Divisions of Oral Biology and Periodontics and the Department of Physiology.

An application has been made to the University's Board of Governors to incorporate the Department of Medical Biophysics into the Faculty of Dentistry.

FACULTY

Dr. J.M. Smith who has been responsible for running the Emergency Clinic for many years, retired this year.

Dr. S.L. Kogon has assumed the Chairmanship of the Division of Periodontics in addition to his continuing role as Chairman of the Division of Oral Medicine.

Dr. David Hussey of Dublin Dental School has been a Visiting Professor this year in the area of Fixed Prosthodontics. Dr. D.F. Mulcahy has resigned as Director of Clinics and has taken an appointment with the University of Alberta.

Dr. E.A. Cornish has completed her two-year post-retirement appointment as Chairman of the Division of Periodontics.

Dr. Manfred Friedman has joined the Faculty as Assistant Professor of Paediatric Dentistry, affiliated with the Southwestern Regional Centre.



Dr. Sergio Weinberger has joined the Faculty as Assistant Professor in the same Division.

Dr. D.H. Charles has earned an MS degree on a part-time basis at the University of Michigan.

Dr. H.S. Sandhu has been appointed Assistant Professor in the Division of Periodontics, effective July 1, 1987.

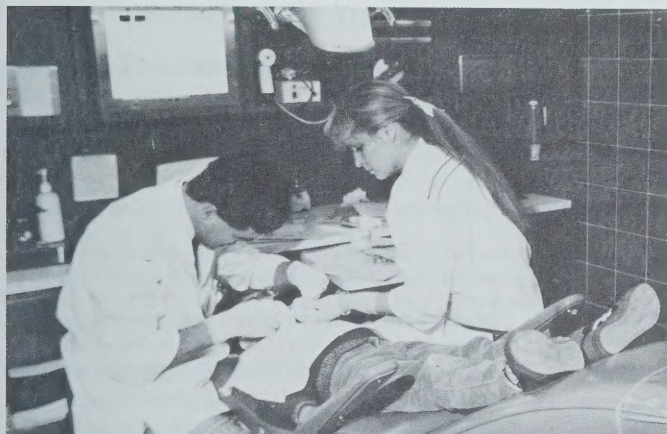
Dr. R.I. Brooke has been appointed Vice-Provost, Health Sciences. He will continue as Dean of the Faculty of Dentistry.

VISITORS

Dr. Stephane Schwartz, Director of Paediatric Dentistry at McGill University, presented the W.H. Feasby Annual Lecture entitled, "Traumatic Intrusive Luxations in the Primary and Permanent Dentitions".

Dr. A.H. Melcher, University of Toronto, presented the Medical Research Council Lectureship entitled, "Is Contemporary Dental Education a University Education?"

Dr. Eugene Roberts, University of the Pacific, was a special Medical Research Council Lecturer and gave a presentation entitled, "Cell Kinetics of the Periodontal Ligament".



STUDENT AFFAIRS

Ms. Sandra L. Zakarow was the winner of the London & District Dental Society Clinic Night and earned first place in the competition sponsored by the Canadian Dental Association and Dentsply International.

Five students were selected as Medical Research Council Summer Scholars and two students earned summer research scholarships funded jointly by the Canadian Fund for Dental Education and the Faculty.

The students selected were as follows:

David Camellato — Dr. H.S. Sandhu (Oral Biology)
 Thomas Dekker — Dr. J.A. Reid and J.C.F. MacDonald
 Bradley Oldfin — Drs. M.I. Kavaliers and D. Innes
 Susanne Stapleton — Drs. W.R. Teteruck & A.R. Mills
 Lily Wong — Drs. D.W. Johnston, S.L. Kogon, M. Speechley
 Alan Kwong Hing — Dr. H.S. Sandhu
 Keith Zeiler — Dr. R.E. Jordan

Dr. Alan R. Burgoyne, who graduated in 1984, was awarded the Wesley and Jean Dunn Fellowship.



UNDERGRADUATE PROGRAM

A Curriculum Revision Study Group has been very active and has given an interim report to the Faculty Council. This was received with much discussion. The Study Group will continue its work this year.

Applications to the first year continue to increase with 559 applications having been received in 1987 for 40 places.

Statistics for the Class of 1990, compared with previous years, are set out below:

	1987	1988	1989	1990
Class size:	56	40	40	40
Sex: Females	13	11	6	10
Males	43	29	34	30

Qualifications of admitted applicants:

• at least two years of 'B' average performance in pre-professional University training	56	40	40	40
• class average based on best two years preceding admission	79.9%	81.0%	80.7%	81.1%

Dental Aptitude Test:

• average carving dexterity	5.55	5.38	5.60	5.48
• average PMAT	5.55	5.75	5.62	5.85
No. with Ontario Grade XIII:	51	36	39	34
No. Ontario scholars:	31	22	30	23
No. with degrees:	27	13	21	27
Married:	4	4	2	3
Age: Range	20-44	19-29	20-27	20-40
Median	23	24	23	22
Average	23	22	23	23
Residence: Ontario	54	38	37	37
Other province	2	2	3	3

STUDENT PERFORMANCE

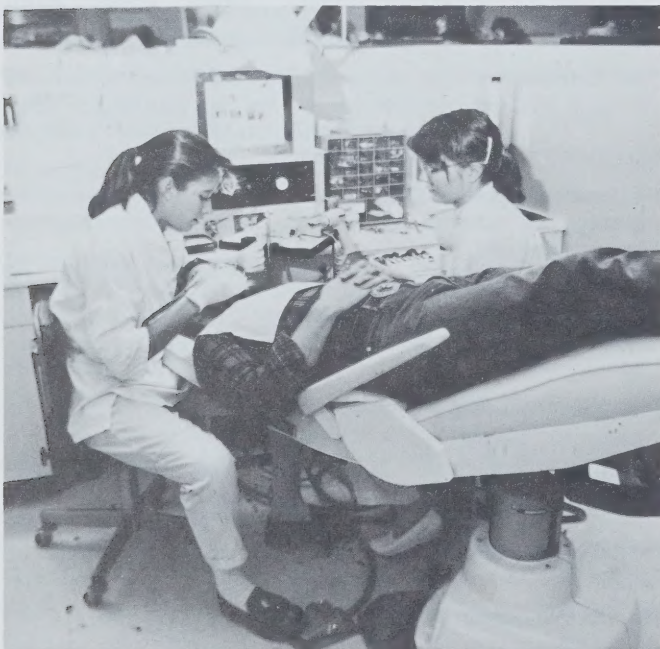
The following are the results of student performance for the academic year 1986-87.

Fourth Year:	52 students — 8 with honours
Third Year:	41 students — 5 with honours
Second Year:	40 students — 7 with honours
First Year:	40 students — 5 with honours

CONTINUING EDUCATION

A seminar entitled, "Prosthodontic Challenge" was fully subscribed with 118 registrants. The guest speakers were Dr. James Brudvik, University of Washington and Dr. Terry E. Donovan, University of Southern California.

A Homecoming Brunch was well attended at Spencer Hall on Saturday, October 18, 1986. Brief presentations were made by three faculty members (Honorary Class Presidents for 1971, 1976, and 1981).



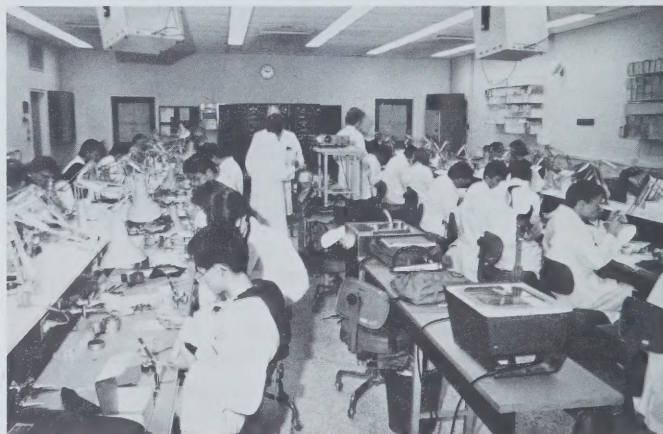
COMMITTEE ACTIVITIES

The Faculty has approved the introduction of three new awards: The Canadian Dental Association President's Award, The 3M Clinical Research Award in Restorative Dentistry, and The Pierre Fauchard Academy Senior Student Award.

RESEARCH

A Study Group on AIDS Research in Dentistry has been established and is arranging a Conference on this subject.

The Faculty of Dentistry has been involved with the Westminster Institute of Ethics together with the other Health Science Faculties in developing a grant for the implementation of a pilot "ethics module" within the Health Science Faculties. \$233,000 has been received in total from Associated Medical Services and the Richard and Jean Ivey Fund. The first goal of the project is education among local practitioners and the general public. A second general goal will be ongoing research in fundamental issues of health care and research ethics.



Other Reports

REPORT OF THE INSPECTOR

Edward J. Fox, Deputy Registrar

Mr. Frank Greer has been the Inspector of the R.C.D.S. for many years. On December 31, 1986 he retired as full time Inspector and Office Manager, and accepted the position of Inspector on an "as needed" basis.

In mid-year he became ill and due to his illness resigned, as he was unable to fulfill his duties in a manner that would satisfy his standards.

His resignation was regretfully accepted.

On February 1, 1988 Mr. Sam Evans assumed employment and the responsibilities of Inspector for the R.C.D.S.

To Frank Greer we wish him a speedy recovery and many years of a well deserved retirement and to Sam Evans, we welcome you to the Staff.

REPORT OF THE DENTISTRY REVIEW COMMITTEE

Chair: E.J. Sonley, D.D.S.

**Committee Members: J. Becker, D.D.S.,
B. Donaldson, I.R. Downing, T.J. Jasper, D.D.S.**

It is with pleasure that I report that another year has gone by without any referrals to this Committee from the General Manager of O.H.I.P.

As the last referral occurred in 1982, this means that the Committee has not met in the past five years.

Referrals are made to the Committee if the General Manager believes that there has been a billing irregularity submitted to O.H.I.P. by a dentist.

The fact that no referrals have been made brings credit to the dental profession.

REPORT OF THE TASK FORCE ON DENTAL HYGIENE TRANSITION

Chair: M. Harding

**Committee Members: R. Donaldson, G. Pitkin, D.D.S.
W.H. Treleaven, D.D.S.**

The Task Force met on five occasions during 1987 and consulted with several RCDS standing committees, senior staff, legal counsel; and representatives of the Ministry of Health, the Health Professions Legislation Review, the Ontario Dental Hygienists' Association and the Ontario Dental Association.

MANDATE AND INTERPRETATION:

At the April 1987 Council meeting, Council established the Task Force and directed it to "...study and report to Council on matters relating to the College's responsibility during the transitional stage leading to the formation of the proposed College of Dental Hygienists".

The Task Force took the position that in order to identify the Council's responsibility, it was necessary to understand what, if any, aspects of the Council's jurisdiction and operation would be effected by the transfer of governance to a separate dental hygiene governing body (DHGB). Thus, it interpreted its mandate fairly broadly:

- the identification and study of (jurisdictional, operational and financial) matters that may be effected by the transfer of governance;
- the identification of actions, if any, that Council should, could or may wish to take with respect to effected matters; and
- the development of a consensus on how these matters should or could be dealt with by the RCDS.

The Task Force operated on the principle that, given the decision to create a separate DHGB, the interests of, first, the public, and second, dentists and dental hygienists, are best served by:

- an orderly and efficient transfer of appropriate resources and responsibilities from the RCDS to the DHGB; and
- the development of a cooperative and helpful relationship between the RCDS and the DHGB.

These public interests are advanced by:

- Identifying appropriate resources and responsibilities that should be transferred;
- Identifying, and where possible cooperatively resolving, issues or matters which may hinder an orderly transition;
- Devising a timely and effective transition process and schedule; and
- Facilitating the systematic development of the DHGB.

CONCLUSIONS AND RECOMMENDATIONS

Key Issues:

Two key issues in the provision of development assistance to the proposed Dental Hygiene Governing Body (DHGB) were resolved by Council at the November 1987 Council meeting in accepting the report and recommendations of the Task Force.

1. Responsibility to Assist the DHGB:

After careful review of historical documents and the current legislative environment, the Task Force concluded that:

- The RCDS has a moral obligation to assist in the

development of the DHGB. This obligation arises from four factors:

- (i) the RCDS has governed dental hygiene for 36 years
- (ii) the RCDS currently holds significant information and other resources essential to the efficient and effective governance of dental hygiene; and
- (iii) an 'intention' to 'assist' in the creation of a DHGB was first declared by the 1974 Council in relation to a proposed license fee increase for dental hygienists. Although no action was taken with respect to the creation of a DHGB at the time, this intention has never been recanted.
- (iv) the provision of development assistance to the DHGB would, in addition to satisfying the public interest, serve the long term interests of the RCDS.

- Whereas there is a moral obligation to assist, there is no legally enforceable obligation, responsibility, commitment or contract defining specific types and/or levels of assistance that may or would be provided in establishing a DHGB. The definition of the type of assistance to be provided is thus the prerogative of the RCDS Council.

2. Hygiene Contributions To and Interests In The RCDS:

The RCDS is funded primarily by registration, license and other fees or levies paid by dentists and dental hygienists. Additional funds are provided by the Province of Ontario to cover the costs associated with the participation of Lieutenant Governor appointees to Council.

With the exception of the Professional Liability Insurance premiums paid by dentists, revenue generated from dentists and dental hygienists through fees have historically been pooled for the common good. Although the relative level of contribution is by no means equal, it is to be recognized that both dentists and dental hygienists have jointly contributed to (i.e., provided) the resources available to the RCDS and have jointly benefited from the economies of scale inherent in the pooling of resources.

The Task Force concluded that:

- By virtue of contribution and participation over approximately 36 years, hygienists have built-up a vested interest in the 'assets' of the RCDS. However, the specific level and financial and/or material value of that interest is not determinable from existing records.
- The RCDS Council is responsible for determining the nature and level of assistance to be provided to the proposed DHGB.

The Task Force recommended that Council establish guidelines for determining hygiene's interests in the RCDS and identifying resources to be transferred upon the creation of the DHGB. In establishing criteria underlying the

guidelines, Council was advised to ensure that:

- resources essential to the governance of dental hygiene, and the effective administration of health disciplines legislation in effect at the transfer date, are transferred;
- the type and amount of resources shared and/or transferred are sufficient to assist in the proper establishment of the DHGB; and
- the apportionment of resources is fair and equitable to both hygienists and dentists.

The Task Force has contracted with a chartered accountant to assist in determining the most effective and acceptable methods of arriving at a fair apportionment of resources and will make appropriate recommendations to Council at a subsequent meeting.

DHGB START-UP FUNDS

The Task Force believes that the lead time involved in the creation of the DHGB provides an unparalleled opportunity to ensure that sufficient revenue is available for the proper establishment of the DHGB. It is reviewing the feasibility and desirability of levying a special surcharge on future hygiene fees which would be earmarked and maintained in an interest-bearing trust fund for the new college. Council has approved this concept *in principle* for the years 1989 and 1990.

JURISDICTIONAL AND ADMINISTRATIVE EFFECTS

The Task Force also reviewed several jurisdictional and administrative areas which might be effected by the transfer of governance of dental hygiene.

• Complaints and Discipline

Both the RCDS's jurisdictional interests and administrative activities are effected by the transfer of hygiene governance. Areas of concern relate primarily to investigations for quality assurance, complaints or disciplinary purposes and the administration of these processes. From preliminary discussions, problems foreseen to date may be eliminated by relatively minor adjustments in operating procedures and regulations. Detailed recommendations are being prepared for Council consideration.

In addition, a transition period will be needed to finalize any legal actions underway at the transition date.

• Financial Resources

The financial resource base available to the RCDS will be reduced due to the loss of hygienists' fees. However, the cost associated with the provision of services to hygienists will also be eliminated. Unfortunately, the savings in expenditures are unlikely to equal the amount of revenue lost. An assessment will be required.

• Collection and Disbursement of Fees

Accounting procedures and revenue collection will be effected by the transfer of governance and will require ad-

justment. The magnitude of the effect will depend primarily on the transfer date established. Preparation will have to be made for the separation and transfer of records and revenue.

• RCDS Staffing Patterns

The Task Force anticipates that the transfer of governance of hygiene will effect RCDS staffing patterns. Specifically, it will create opportunities for redistribution and/or addition of staff tasks and responsibilities. A review of staffing needs and tasks/workload, particularly with respect to what staff resources may be saved and/or released for others tasks, is needed. Such a review is to be included in an overall organizational review.

• Education

The Task Force reviewed the matters of the accreditation of dental hygiene courses and determined that they are not significantly effected. Continuing education will, however, be slightly effected. Mechanisms and opportunities for future joint programming needs to, and will be, discussed by the RCDS Education Committee and the Committee on Dental Hygiene Matters.

• Communications/Public Information

The Task Force foresees the need to inform and educate the public and the professions regarding the transfer of governance and its implications for administration and regulation of dentistry and dental hygiene. The Education and Dental Hygiene Matters Committees will oversee the development of a suitable public/member education programme.

PROFESSIONAL LIABILITY INSURANCE

- On the basis of expert opinion, the Task Force has determined that the transition of dental hygiene governance does not effect P.L.I. No additional risk is anticipated as long as hygienists continue to act "under the supervision or direction of an insured" (dentist), whether or not they are employed by the dentist. Hence, no reduction in P.L.I. premiums is likely when governance is transferred.
- Dental P.L.I. coverage would have to be reviewed only if hygienists were granted "independent practice" status which enabled them to work without the supervision of a dentist. As independent practitioners, hygienists would probably require separate liability coverage. Council agreed that following the resolution of scope of practice discussions under the Health Professions Legislation Review, the P.L.I. Committee would consult with Guardian to reassess the liability risk to dentists and recommend appropriate amendments to RCDS coverage.

RESOURCES TO BE TRANSFERRED

1. Information Resources

The Task Force recognized that the RCDS currently pos-

sesses and maintains several key information resources which must or should be transferred to the DHGB in order for it to carry out its function as a governing body. It has determined that the following resources will be transferred:

- The master Register of dental hygienists containing the names and addresses of, and other required information on, persons registered as dental hygienists under Regulation 446;
- All records relating to licensing and annual registration of dental hygienists, including limitations or conditions placed thereon;
- All records relating to the collection and payment of annual registration fees, including information on the printing of forms, process of receiving fees, procedures involved in administering the renewals and licenses, late payments, non-payment, and modification of files;
- Case files relating to complaints and discipline actions and procedures taken with respect to dental hygienists including information relating to investigations and hearings in process; and,
- All mailing lists containing the names and addresses of registered and licensed dental hygienists;
- A copy of historical records relating to dental hygiene and all computer software programmes relating to the above mentioned records and research information contained in computer files;
- Information and appropriate files relating to the administration of the *Health Disciplines Act*, including,
 - Information concerning the limitations and restrictions of the Registrar's involvement and committee involvement;
 - Policies and procedures regarding the mechanism of complaints and discipline, including:
 - involvement of the public;
 - initiation and protocol of the complaint;
 - procedures for investigation;
 - reporting of investigation;
 - referral of the 'case';
 - procedures for hearings;
 - procedures relating to appeals to the Health Disciplines Board; and
 - administrative tasks relating to any and all of the above.
- Information relating to the liaison between the RCDS and the Ministries of Colleges and Universities and Health;

-
- Information and data relating to continuing competence, including:
 - resources available concerning the Federal Government's project on the writing of national standards of practice,
 - dental hygienists' re-entry to practice following a period of unemployment;
 - lists of contact persons available to provide courses outside the field of dentistry;
 - resources available through educational facilities or institutions for curriculum development and continuing education courses;
 - quality assurance methods and experience;
 - licensing of out-of-province candidates and potential national examinations per the CDHA project; and
 - other information or resources in possession of the RCDS at the time of transfer.

The Task Force found it difficult to come to assess the range, quantity and quality of information collected by the College and felt that Council was probably not making maximum use of the information available to assist its deliberations. The Task Force believes that it would be helpful to both the RCDS and the DHGB if Council hired an information systems consultant to address issues such as:

- Are we getting the maximum value from the information we collect?
- What additional information, if any, is desirable?
- How best to organize our information resources?

It further recommended that the assembly of historical information on the evolution and governance of dental hygiene be offered by the RCDS to a post-graduate student as a thesis or special project opportunity, and that the resulting report with supporting documents be transferred to the DHGB.

REPORT OF THE TREASURER

Kenneth F. Pownall, D.D.S.

FINANCIAL STATEMENTS

Attached to this report are the following:

- Annex A — the Auditor's Report
- Annex B — the Balance Sheet as at December 1986
- Annex C — the Statement — General Fund
- Annex D — the Statement — Building Fund
- Annex E — the Statement — Professional Liability Insurance Fund
- Annex F — the Statement — Centennial Fund
- Annex G — the Statement — Harry R. Abbott Memorial Library Fund
- Annex H — Notes to the Financial Statements

BALANCE SHEET

The Balance Sheet shows in a concise manner the state of our finances as of December 31st, 1986. It shows that in the General Fund there is a surplus in the amount of \$176,618. In the Professional Liability Fund a significant deficit of \$102,649 was incurred.

STATEMENT OF REVENUE AND EXPENSES AND SURPLUS

a) The General Fund

Revenue

The annual fees for dentists and dental hygienists provide the College with its main source of revenue.

All dental hygienists applying for licensure in Ontario are required to successfully complete examinations. The examination fee in 1986 was \$150.00.

Interest on investments continues to be an important source of revenue.

Sundry revenue is derived mainly from the sale of our list of members to dental related companies.

The fee the College charges to go toward the expenses of the continuing education courses is listed as "Continuing Education".

Expenses

Expenses for 1986 are only slightly greater than 1985. Salary expenses reflect an increase in line with inflation and an increase in staff. The item "equipment" shows a major increase because our computer had to be totally updated with costs in both hardware and software. In addition a mailing machine was purchased. Council honoraria shows a modest increase in per diems as well as increase in the number of meetings held. Continuing edu-

cation expenses increased because of an increase in the number of courses offered by the College. Legal fees were reduced because of a decline in the number of Discipline Committee hearings held. The administrative item is for the many sundry items required for the general administration of the College. No contribution to the building fund was allocated in 1986.

Surplus

In the years 1983 and 1984 there was an excess of expenses over revenue. This trend was reversed in 1985 and 1986. There seems to be an ever mounting obligation being placed on the College which will require additional staff and accommodation. This could deplete the surplus very quickly.

b) The Professional Liability Insurance Program

Details on the plan are covered in the Report of the Professional Liability Insurance Committee.

c) The Centennial Fund

This Fund was established in 1968 to commemorate the Centennial of the R.C.D.S. The original purpose of the Fund was to establish and update, from time to time, the exhibit on dentistry at the Ontario Science Centre. A grant from the fund was made to the museum at the University of Toronto in 1986.

d) The Harry R. Abbott Memorial Library Fund

The Will of the late Mrs. Dorinda Tully, which was probated in 1924, established a trust fund. The fund is a memorial to her brother, Dr. H.R. Abbott, who was President of the R.C.D.S. from 1903 to 1907. The terms of the Will direct that the interest from the fund be paid annually to the R.C.D.S. for the purchase of books for the R.C.D.S. Library. The R.C.D.S. Library became the Library of the Faculty of Dentistry, University of Toronto, in 1925. Since it is costly to attempt to change the wording of the Will, the money accumulating from the investments is paid to the R.C.D.S. and the College forwards the money to the Faculty of Dentistry of the University of Toronto.

RE-APPOINTMENT OF AUDITORS

The firm of Thorne Ernst and Whinney continues to provide very efficient and capable auditing services as it has for many years. It was recommended that they be re-appointed as our auditors for the year 1987.

APPRECIATION

Presenting this Report provides me with the opportunity to bring to the attention of the members of the College a fact of which I believe many of you are well aware. This College is fortunate to have a staff of loyal and devoted people. I appreciate the assistance they provide in the administration of the R.C.D.S.

Thorne Ernst & Whinney

Chartered Accountants

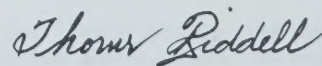
Predecessor firms:
Thorne Riddell
Ernst & Whinney**AUDITORS' REPORT**

To the Members of the Council of
The Royal College of Dental Surgeons of Ontario

We have examined the balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1986 and the statements of revenue and expenses and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the College as at December 31, 1986 and the results of its operations for the year then ended in accordance with the basis of accounting described in note 1 applied consistently with that of the preceding year.

Toronto, Canada
April 8, 1987



Chartered Accountants

B

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
(Incorporated under the Health Disciplines Act, Part II, of Ontario)
BALANCE SHEET AS AT DECEMBER 31, 1986

ASSETS	1986	1985	LIABILITIES	1986	1985
GENERAL FUND					
Funds held in trust (note 2)	\$ 9,000	\$ 7,172	Trust funds	\$ 9,000	\$ 7,172
Cash	340,505	358,307	Accounts payable	73,204	50,796
Investment in bonds, banker acceptances and treasury bills	1,426,074	1,261,276	Deferred revenue, licentiate fees	1,234,009	1,268,222
Accounts receivable	60,506	42,257		1,316,213	1,326,190
Receivable from Professional Liability Insurance Fund	5,146	5,578	Surplus	525,018	348,400
	\$1,841,231	\$1,674,590		\$1,841,231	\$1,674,590

BUILDING FUND					
Cash	\$ 1,184	\$ 2,257			
Accounts receivable	17,200	10,089			
Investment in bonds and treasury bills	478,885	443,014			
	\$ 497,269	\$ 455,360	Surplus	\$ 497,269	\$ 455,360

PROFESSIONAL LIABILITY INSURANCE FUND					
Cash	\$ 962,704	\$ 761,343	Deferred revenue, members' assessments	\$1,619,576	\$1,025,478
Investment in bonds and treasury bills	3,937,652	3,113,584	Provision for unsettled claims (note 3)	2,388,499	1,729,597
Accounts receivable	813,771	689,281	Payable to General Fund	5,146	5,578
	\$5,714,127	\$4,564,208	Surplus	1,700,906	1,803,555
				\$5,714,127	\$4,564,208

CENTENNIAL FUND					
Cash	\$ 32,594	\$ 32,815			
Interest receivable	177	182			
	\$ 32,771	\$ 32,997	Surplus	\$ 32,771	\$ 32,997

HARRY R. ABBOTT MEMORIAL LIBRARY FUND					
Cash	\$ 79	\$ 54			
Interest receivable	2,100	1,200			
	\$ 2,179	\$ 1,254	Surplus	\$ 2,179	\$ 1,254

**C THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
GENERAL FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1986**

	1986	1985
Revenue		
Annual fee and license fee		
Dentists	\$3,010,027	\$2,433,430
Less portion attributable to the Professional Liability Insurance Fund	1,428,615	874,500
	1,581,412	1,558,930
Hygienists	284,380	263,550
Examination fees (dental hygienists)	40,275	37,475
Interest	141,820	90,007
Property rent	175	2,100
Sundry	13,426	12,460
Continuing education	66,236	58,144
Administration charge to the Professional Liability Insurance Fund	75,000	50,000
	2,202,724	2,072,666
Expenses		
Salary and salary charges	683,590	615,498
Postage and courier	83,057	72,105
Printing, stationery and supplies	120,387	122,612
Telephone	19,091	20,110
Equipment — purchase, rental and maintenance	203,258	82,153
Property expenses	89,054	61,941
Staff travel	52,259	51,272
Examinations (dental hygienists)	40,782	52,648
Honoraria	245,300	233,716
Continuing education	107,864	94,938
Professional fees		
Legal	176,247	208,936
Audit	9,802	7,500
Witness and court reporter fees	2,095	12,965
Council insurance	2,715	2,715
Council and committee	86,908	83,376
Grants		
Canadian Dental Association	25,925	25,325
Canadian Fund for Dental Education		1,000
University of Toronto	3,750	3,750
University of Western Ontario	3,750	3,750
Other	2,336	1,796
Administrative	67,936	24,136
Contribution to building fund		200,000
	2,026,106	1,982,242
EXCESS OF REVENUE OVER EXPENSES	176,618	90,424
SURPLUS AT BEGINNING OF YEAR	348,400	257,976
SURPLUS AT END OF YEAR	\$ 525,018	\$ 348,400

D BUILDING FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1986

	1986	1985
Revenue		
Contribution from General Fund		\$ 200,000
Interest	\$ 41,909	42,368
	41,909	242,368
Expenses	Nil	Nil
EXCESS OF REVENUE OVER EXPENSES.....	41,909	242,368
SURPLUS AT BEGINNING OF YEAR.....	455,360	212,992
SURPLUS AT END OF YEAR.....	\$ 497,269	\$ 455,360

E PROFESSIONAL LIABILITY INSURANCE FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1986

	1986	1985
Revenue		
Members' assessments.....	\$ 1,428,615	\$ 874,503
Interest	476,438	453,225
	1,905,053	1,327,728
Expenses		
Insurance premium	729,750	401,647
Broker and consultant fees.....	16,130	6,187
Insurance adjuster		19,396
Claims.....	66,737	27,907
Provision for unsettled claims (note 3).....	1,118,850	1,124,232
Administration charge from General Fund.....	75,000	50,000
Sundry.....	1,235	1,360
	2,007,702	1,630,729
EXCESS OF EXPENSES OVER REVENUE.....	(102,649)	(303,001)
SURPLUS AT BEGINNING OF YEAR.....	1,803,555	2,106,556
SURPLUS AT END OF YEAR.....	\$ 1,700,906	\$ 1,803,555

F CENTENNIAL FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS
YEAR ENDED DECEMBER 31, 1986

	1986	1985
Revenue		
Interest	\$ 2,324	\$ 2,363
Expenses		
Professional fees	50	50
Grant to University of Toronto	2,500	
	2,550	50
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE).....	(226)	2,313
SURPLUS AT BEGINNING OF YEAR.....	32,997	30,684
SURPLUS AT END OF YEAR.....	\$ 32,771	\$ 32,997

**G HARRY R. ABBOTT
MEMORIAL LIBRARY FUND**
**STATEMENT OF REVENUE AND EXPENSES
AND SURPLUS**
YEAR ENDED DECEMBER 31, 1986

	1986	1985
Revenue		
Interest	\$ 2,125	\$ 1,933
Expenses		
Grant to University of Toronto Library Fund	1,200	1,830
EXCESS OF REVENUE OVER EXPENSES.....	925	103
SURPLUS AT BEGINNING OF YEAR..	1,254	1,151
SURPLUS AT END OF YEAR.....	\$ 2,179	\$ 1,254

**H NOTES TO
FINANCIAL STATEMENTS**
YEAR ENDED DECEMBER 31, 1986

1. Accounting Policies

The College follows generally accepted accounting principles except that the cost of furniture, equipment and leasehold improvements is included in expenses as incurred (1986, \$203,550; 1985, \$47,945).

2. Segregated Funds

At December 31, 1986 the College maintained in trust \$9,000 (1985, \$7,172) for refund to patients following claims made against member Dentists.

3. Professional Liability Insurance Fund

This fund was established by the College by allocating a portion of the fees charged to Dentists on an annual basis as approved by the Board. The insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on an annual basis. The College is liable for the first \$35,000 of a validated claim subject to a maximum loss limit on an annual basis of \$1,000,000. The Dentists are liable to the College for a deductible portion on each validated claim of \$1,000¹ (1985, \$500) on any one occurrence including defence costs, increasing at the rate of \$1,000 for each additional claim in a twenty-four month period. The College is additionally liable for all insurance adjuster fees related to claims arising since January 1, 1977. Provision has been recorded in the accounts for the liability with respect to unsettled claims and the insurance adjuster fees related thereto. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College.

4. Long Term Lease

In 1972 the land and building at 230 St. George Street was sold to The Ontario Dental Association for \$2. The Royal College of Dental Surgeons of Ontario has leased the land and building from The Ontario Dental Association for a period of twenty-five years expiring September 30, 1997 for \$1 plus various operating charges as specified in the lease with an option to renew for an additional twenty-five years and a right of first refusal on any offer for purchase of the property.

¹ Increasing in increments of \$1,000 for each additional claim within a twenty-four month period.

Statistical

DEGREE OF 'BUSYNESS' OF ONTARIO DENTISTS/ 1987 (Based on Data as of June 1987)

Years Since Graduation	Number of D.D.S. Responding	% of Respondents Less Busy Than Would Like	% of Respondents Content With Patient Load	% of Respondents Too Busy
0-4	542	38	23	—
5-9	804	44	33	2
10-14	785	40	41	2
15-19	641	32	47	3
20-24	446	34	42	1
25-29	270	29	47	2
30-34	242	26	52	1
35-39	189	20	51	1
40-44	85	18	57	1
45-49	25	17	43	2
50 PLUS	14	21	28	—
TOTAL	4043	36	39	2

LICENSING PROFILE

LICENSED DENTISTS DECEASED

Barootes, C.W.	(1947)	Nov. 27, 1986
Blanchard, G.A.	(1930)	June 21, 1987
*Campbell, T.D.	(1916)	Feb. 14, 1987
*Cavanagh, A.E.	(1916)	Mar. 15, 1987
Daley, N.K.	(1979)	Jan. 16, 1987
Fillier, R.P.	(1975)	June 26, 1987
Godsoe, W.H.	(1929)	May 11, 1987
Hing, J.T.	(1955)	Dec. 9, 1986
Hoppe, C.H.	(1956)	June 2, 1987
Johnson, K.L.	(1965)	May 31, 1987
Launay, P.N.	(1975)	Aug. 22, 1987
Meharry, R.A.	(1949)	Nov. 1, 1987
Murphy, A.B.	(1936)	Jan. 1, 1987
Ng, E.C.	(1976)	Dec. 14, 1985
Sable, S.E.	(1953)	Feb. 25, 1987
Tarshis, M.A.	(1964)	Mar. 23, 1987
Wagle, S.G.	(1966)	July 6, 1987

*Denotes Life Member (Year of Graduation)

LICENSES ISSUED

Dentists

5498 Members*

* (includes 8 Life Members and 306 Out-of-Province Members)

ADDITIONS TO THE REGISTER

University of Toronto	80
University of Western Ontario	42
N.D.E.B. Certificates	96
General License (from Education)	11
Academic License	03
Approved by the Reg. Committee	00

REMOVALS AND REINSTATEMENTS

Deceased	17
Retired	55
Not Renewing	109
Removed	24
Reinstated	38

LICENSES ISSUED

Dental Hygienists

2996*

* (includes 166 Out-of-Province)

DISTRIBUTION BY AGE & COUNTY — DENTISTS
As of June, 1987

County, District, Region	Less Than 31	31- 40	41- 50	51- 60	61- 65	Over 65	Total
ALGOMA	9	19	13	13	6	2	62
BRANT	5	14	15	3	0	3	40
BRUCE	2	10	3	0	1	1	17
COCHRANE	9	14	10	3	1	0	37
DUFFERIN	1	6	5	0	1	0	13
DURHAM	35	67	43	15	6	4	170
ELGIN	2	10	3	4	2	1	22
ESSEX	27	64	32	21	11	7	162
FRONTENAC	5	20	21	4	4	5	59
GREY	1	6	13	6	3	2	31
HALDIMAND NORFOLK	2	10	9	4	1	1	27
HALIBURTON	0	0	2	0	0	0	2
HALTON	27	60	49	19	8	2	165
HAMILTON-WENTWORTH	30	72	63	35	12	16	228
HASTINGS	9	19	13	7	3	2	53
HURON	3	6	5	2	0	0	16
KENORA KENORA P.P.	6	6	8	3	0	1	24
KENT	9	19	12	1	4	2	47
LAMBTON	8	33	7	5	2	3	58
LANARK	0	4	6	1	2	1	14
LEEDS GRENVILLE	6	12	13	5	3	2	41
LENNOX ADDINGTON	0	1	2	1	0	1	5
MANITOULIN	0	3	0	0	0	1	4
METRO TORONTO	289	617	435	278	110	105	1834
MIDDLESEX	29	98	46	42	17	17	249
MUSKOKA	1	9	3	3	3	0	19
NIAGARA	19	64	46	31	19	8	187
NIPISSING	6	10	9	7	5	1	38
NORTHUMBERLAND	1	9	8	3	1	1	23
OTTAWA CARLTON	35	131	100	60	22	17	365
OXFORD	3	13	9	4	3	2	34
PARRY SOUND	0	6	2	0	2	1	11
PEEL	67	118	78	22	5	5	295
PERTH	1	7	14	2	1	2	27
PETERBOROUGH	3	13	22	5	2	2	47
PRESCOTT RUSSELL	3	11	1	2	0	1	18
PRINCE EDWARD	0	2	1	1	1	1	6
RAINY RIVER	0	4	0	2	2	0	8
RENFREW	4	17	7	7	1	0	36
SIMCOE	14	51	27	11	5	8	116
STORMONT DUNDAS GLEN.	5	11	8	3	2	2	31
SUDBURY (DISTRICT)	2	2	2	0	0	0	6
SUDBURY (R.M.)	7	22	14	14	2	2	61
THUNDER BAY	12	31	22	8	3	1	77
TIMISKAMING	3	6	3	3	1	0	16
VICTORIA	0	3	7	1	0	2	13
WATERLOO	30	50	53	18	13	6	170
WELLINGTON	8	22	24	6	7	5	72
YORK	33	82	32	10	4	2	163
TOTALS	771	1884	1320	695	301	248	5219
PERCENTAGE OF TOTAL	14.00	36.00	25.00	13.00	5.00	4.00	100

DISTRIBUTION BY AGE & COUNTY — DENTAL HYGIENISTS
As of August, 1987

County, District, Region	Less Than 31	31- 40	41- 50	51- 60	61- 65	Over 65	Total
ALGOMA	21	11	3	0	0	0	35
BRANT	15	3	1	0	0	1	20
BRUCE	10	2	0	0	0	0	12
COCHRANE	13	5	0	0	0	0	18
DUFFERIN	3	3	1	0	0	0	7
DURHAM	78	83	10	0	0	1	172
ELGIN	3	5	0	0	0	0	8
ESSEX	57	47	8	1	0	0	113
FRONTENAC	20	10	3	0	0	0	33
GREY	3	4	1	0	0	1	9
HALDIMAND NORFOLK	9	7	3	0	0	0	19
HALIBURTON	0	1	1	0	0	0	2
HALTON	56	41	13	0	0	0	110
HAMILTON-WENTWORTH	60	31	11	2	1	1	106
HASTINGS	17	11	3	1	0	1	33
HURON	1	1	2	0	0	0	4
KENORA KENORA P.P.	12	3	0	0	0	0	15
KENT	10	7	1	1	0	0	19
LAMBTON	28	18	3	0	0	1	50
LANARK	2	4	3	0	0	0	9
LEEDS GRENVILLE	15	10	2	1	0	0	28
LENNOX ADDINGTON	0	0	1	0	0	0	1
MANITOULIN	1	2	0	0	0	0	3
METRO TORONTO	312	228	92	12	2	4	650
MIDDLESEX	44	46	12	0	0	0	102
MUSKOKA	4	4	1	0	0	0	9
NIAGARA	81	52	9	2	0	1	145
NIPISSING	9	7	1	0	0	0	17
NORTHUMBERLAND	10	4	2	0	0	0	16
OTTAWA CARLTON	106	91	13	3	1	0	214
OXFORD	10	4	1	0	0	1	16
PARRY SOUND	5	2	1	0	0	0	8
PEEL	99	61	17	0	0	0	177
PERTH	7	4	2	0	0	1	14
PETERBOROUGH	18	9	1	0	0	0	28
PRESCOTT RUSSELL	4	2	0	0	0	0	6
RAINY RIVER	4	4	0	0	0	0	8
RENFREW	14	10	1	1	0	0	26
SIMCOE	36	36	11	2	0	2	87
STORMONT DUNDAS GLEN.	12	7	1	0	0	0	20
SUDBURY (DISTRICT)	4	2	0	0	0	0	6
SUDBURY (R.M.)	33	20	3	0	0	0	56
THUNDER BAY	34	22	5	2	0	0	63
TIMISKAMING	6	0	0	0	0	0	6
VICTORIA	1	5	2	0	0	0	8
WATERLOO	38	48	10	2	0	0	98
WELLINGTON	27	20	2	1	0	0	50
YORK	85	79	22	3	0	1	190
TOTALS	1437	1076	279	34	4	16	2846
PERCENTAGE OF TOTAL	50.00	37.00	9.00	1.00			100

RATIO OF DENTISTS TO DENTAL HYGIENISTS
As of August, 1987

County, District, Region	Dentists	Hygienists	Ratio
ALGOMA	62	35	1.77:1
BRANT	40	20	2.00:1
BRUCE	16	12	1.33:1
COCHRANE	35	18	1.94:1
DUFFERIN	13	7	1.85:1
DURHAM	168	172	.97:1
ELGIN	22	8	2.75:1
ESSEX	161	113	1.42:1
FRONTENAC	61	33	1.84:1
GREY	30	9	3.33:1
HALDIMAND NORFOLK	29	19	1.52:1
HALIBURTON	2	2	1.00:1
HALTON	166	110	1.50:1
HAMILTON WENTWORTH	234	106	2.20:1
HASTINGS	55	33	1.66:1
HURON	16	4	4.00:1
KENORA KENORA P.P.	23	15	1.53:1
KENT	47	19	2.47:1
LAMBTON	58	50	1.16:1
LANARK	15	9	1.66:1
LEEDS GRENVILLE	41	28	1.46:1
LENNOX ADDINGTON	5	1	5.00:1
MANITOULIN	4	3	1.33:1
METRO TORONTO	1848	650	2.84:1
MIDDLESEX	253	102	2.48:1
MUSKOKA	19	9	2.11:1
NIAGARA	186	145	1.28:1
NIPISSING	40	17	2.35:1
NORTHUMBERLAND	23	16	1.43:1
OTTAWA CARLTON	374	214	1.74:1
OXFORD	35	16	2.18:1
PARRY SOUND	11	8	1.37:1
PEEL	298	177	1.68:1
PERTH	27	14	1.92:1
PETERBOROUGH	47	28	1.67:1
PRESCOTT RUSSELL	16	6	2.66:1
PRINCE EDWARD	6	0	
RAINY RIVER	8	8	1.00:1
RENFREW	37	26	1.42:1
SIMCOE	120	87	1.37:1
STORMONT DUNDAS GLEN.	32	20	1.60:1
SUDBURY (DISTRICT)	6	6	1.00:1
SUDBURY (R.M.)	61	56	1.08:1
THUNDER BAY	78	63	1.23:1
TIMISKAMING	18	6	3.00:1
VICTORIA	13	8	1.62:1
WATERLOO	172	98	1.75:1
WELLINGTON	73	50	1.46:1
YORK	170	190	.89:1
TOTALS	5274	2846	1.85:1

Presidents and Registrars

PRESIDENTS

*B. W. Day	Apr. 1868 — June 1870
*H. T. Wood	June 1870 — July 1874
*C. S. Chittenden	July 1874 — May 1889
*H. T. Wood	May 1889 — Mar. 1893
*R. J. Husband	Mar. 1893 — Apr. 1899
*G. E. Hanna	Apr. 1899 — Apr. 1901
*A. M. Clark	Apr. 1901 — Apr. 1903
*H. R. Abbott	Apr. 1903 — Apr. 1907
*R. B. Burt	Apr. 1907 — Apr. 1909
*G. C. Bonnycastle	Apr. 1909 — May 1911
*W. J. Bruce	May 1911 — May 1913
*D. Clark	May 1913 — May 1915
*W. C. Davy	May 1915 — May 1917
*W. C. Trotter	May 1917 — May 1918
*W. M. McGuire	May 1918 — May 1921
*M. A. Morrison	May 1921 — May 1923
*A. D. Mason	May 1923 — May 1925
*E. E. Bruce	May 1925 — May 1927
*R. C. McLean	May 1927 — May 1929
*S. S. Davidson	May 1929 — June 1931
*S. M. Kennedy	June 1931 — May 1933
*H. Irvine	May 1933 — May 1935
*G. H. Holmes	May 1935 — May 1937
*E. C. Veitch	May 1937 — May 1939
*L. D. Hogan	May 1939 — May 1941
*F. A. Blatchford	May 1941 — May 1943
*G. H. Campbell	May 1943 — May 1945
*S. W. Bradley	May 1945 — May 1947
*H. W. Reid	May 1947 — May 1949
*S. J. Phillips	May 1949 — May 1951
*R. O. Winn	May 1951 — May 1953
*C. M. Purcell	May 1953 — May 1955
*R. J. Godfrey	May 1955 — May 1957
*M. C. Bebee	May 1957 — May 1959
*M. V. Keenan	May 1959 — May 1961
*A. H. Leckie	May 1961 — Apr. 1963
W. G. Bruce	Apr. 1963 — Apr. 1965
J. P. Coupland	Apr. 1965 — Feb. 1967
J. D. Purves	Feb. 1967 — Jan. 1969
H. M. Jolley	Jan. 1969 — Jan. 1971
N. L. Diefenbacher	Jan. 1971 — Jan. 1973
P. P. Zakarow	Jan. 1973 — Jan. 1975
R. P. McCutcheon	Jan. 1975 — Jan. 1977
E. G. Sonley	Jan. 1977 — Jan. 1979
A. J. Calzonetti	Jan. 1979 — Jan. 1981
C. A. Doughty	Jan. 1981 — Jan. 1983
R. L. Filion	Jan. 1983 — Jan. 1985
G. E. Pitkin	Jan. 1985 — Jan. 1987
G. Nikiforuk	Jan. 1987 —

REGISTRARS

*J. O'Donnell	Apr. 1868 — July 1870
*J. B. Willmott	July 1870 — June 1915
*W. E. Willmott	July 1915 — May 1940
*D. W. Gullett	May 1940 — July 1956
W. J. Dunn	July 1956 — Feb. 1965
K. F. Pownall	Feb. 1965 —

*Deceased

FOR REFERENCE

NOT TO BE TAKEN FROM THIS ROOM

FORM 121



*Proceedings of the
Royal College of Dental Surgeons of Ontario
1988*

1988 Proceedings

133 08

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THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
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Council Meetings: February 8; April 20, April 28 and 29; July 15; November 17 and 18.

President's Report

REPORT OF THE RCDS PRESIDENT/1988

Gordon Nikiforuk, D.D.S.

This is my final report as President to members of the College — a task and privilege that I found very challenging, rewarding, and never boring. I express a grateful thanks to many of you who have written and presented new ideas on many issues and offered support for activities of the College. In response, I have espoused the importance of increasing and improving the dialogue with members, of openness in deliberations and of communicating in an effective manner.

Last year I made reference to the fact that the pace of change has increased so quickly that few will deny that a fundamental shift is unfolding in dental health care. The epicentre of this activity relates to the opening of the Health Professions Legislation Review (HPLR) and also to the many extrinsic factors that affect the profession and health care delivery.

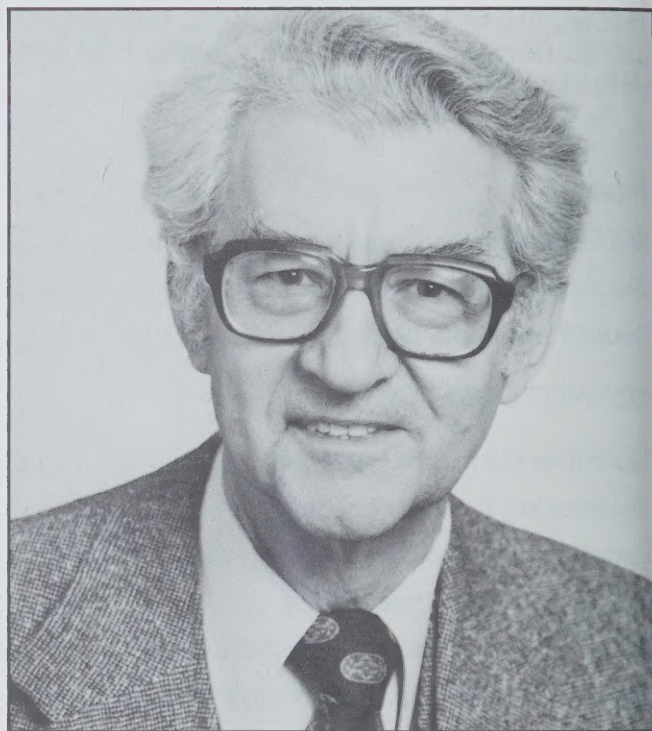
In this report I wish to highlight the main issues confronting the College. To place these issues in their proper perspective it is essential to recognize that the dental profession and health care sector generally is undergoing major and rapid changes which are induced by factors over which members have little control. I am referring to the dramatic reduction and changing pattern of oral-dental diseases; to the escalating costs of health care delivery in this province (almost 12 billion dollars, or one out of every three dollars of the budget) which in turn has increased government participation in health care delivery; and finally to the increasing awareness and involvement of the public in health care decisions.

THE RE-IMAGING OF A PROFESSION

All of the above factors and particularly the changing pattern of oral-dental diseases, with a concomitant decrease in need for treatment, has sent ripples through the profession and has been responsible for a climate of destabilization. This should be viewed as a challenge and usher new and creative responses. As the responses are being developed it is important that professionalism be protected and encouraged.

In several issues of the Dispatch I have tried to emphasize that these are not just academic concerns. Consider what is happening in the U.S.A. As a result of the impact of the decline in dental disease on "manpower", an equivalent of 26 dental schools have been closed and the number of graduates reduced from 6,000 to 4,000 a year. In a climate of de-professionalization, induced by an influx of entrepreneurial programs, the ratio of applicants for each position available in schools of dentistry is only 1.3:1 (in Ontario it's more than 10:1), and the grade point average of applicants has plummeted to unacceptable levels. This is not in the interest of the public or the profession.

Both the Governing Body and the Legislature must understand and be sensitive to the current and expected major changes in dental care, so that the long-term viability of the profession and the public interests are not jeopardized.



In recognition of the many and complex issues facing the members of the profession, the College sponsored the first Forum with the objective of improving communications. The central theme of the conference was the "Re-imaging of Dentistry" — the need to recognize that Dentistry will never again be the same; that the changes brought about by scientific findings have a profound impact on practice and health care delivery. The impact of these changes on general practice and on the specialties was communicated to the members along with a discussion of the anticipated changes in the Health Disciplines Act when the Health Professions Legislation Review has completed its task.

THE AGENDA OF ISSUES

I shall now address some specific issues that are under consideration and list these under appropriate headings. Readers should refer to reports of individual committees for more detailed discussions of the issues.

1. The Health Professions Legislation Review (HPLR)

After four years of work, the HPLR is entering the final stages of its deliberations and is preparing its final recommendations to the Minister of Health. The College has made numerous written submissions, participated in seminars and discussions, has met with the Review Chairman, Mr. Alan Schwartz on many occasions, and with the other members of the Review.

Stripped of the voluminous details surrounding the Review it would appear to the College that the objectives of the Review are as follows:

- a) To develop a regulatory process that encourages more open activity and disclosure by the governing bodies in general and in particular the discipline hearings and Council meetings.
- b) To develop a system of regulation of health care delivery that provides the public with greater freedom of choices and options and a degree of participation.
- c) To develop a statutory provision to ensure continuing competence of members of Colleges and a quality assurance in health care delivery.

The Council, in responding to these objectives, has developed a set of principles that has guided our approach. In the current atmosphere of promotion of alternative funding systems it is particularly essential that those principles that have served the public of Ontario (and indirectly the profession) so well in the past, are not compromised.

These principles are:

- a) that quality of care is paramount;
- b) that alternative funding systems should promote and not deter comprehensive care;
- c) that owners of practices assume a fair share of the responsibility, both professional and financial, for the care provided by their employees and associates;
- d) that one delivery system should not disadvantage another;
- e) that patients have a free choice of practitioner;
- f) that dental health care is not fragmented;
- g) that entrepreneurship is so regulated that it promotes and not deters professional ideals;
- h) that one standard of practice is maintained for any service which can be provided by more than one dental group.

Specific areas of concern that the College has expressed relate to the following:

- a) Proposed concept of licensed acts which are specific to the profession (example: cutting of hard and soft tissues) as distinguished from all other acts (example: oral hygiene) which fall in the public domain. Along with other Colleges, the R.C.D.S. expresses a serious concern about the enforceability of the offence provisions and the impact of these provisions in protecting 'the public' from unjustified practitioners.
- b) The College has strongly opposed the proposed recommendation to permit Denture Therapists to construct partial dentures. Since effective partial dentures are impossible to make without involving licensed acts that fall in the domain of Dentistry, it is illogical to have such a service performed by an aux-

iliary group and is tantamount to introducing two standards of practice in dentistry.

- c) The College has supported the Dental Technicianry in requesting regulations that are defined by licensed acts. The standards of practice of dental technicians and therefore, also, the public, are more effectively protected by regulations.

By the time the Proceedings are published it is probable that the recommendations of HPLR will have been submitted and available for reaction. We will have to await the rewriting of the Health Disciplines Act in order to fully assess the implications of the Review.

DENTAL HYGIENE

A task force chaired by Ms. M. Harding has been studying and has submitted its recommendations relating to the transition of dental hygiene from its current status of governance under the College to a self-governing body. In the meantime Council has decided to retain the positions of dental hygiene Official Observers on Council and the Dental Hygiene Matters Committee pending the establishment of a separate Dental Hygiene governing body in the near future. Further, Council has recommended that following the transfer of dental hygiene governance, an active liaison between the R.C.D.S. and the new Dental Hygiene governing body be developed and maintained.

It is recognized that there is currently an acute shortage of dental hygienists as judged by the marketplace, and that changes in Dental Hygiene education pattern is desirable. The "manpower" issue is real in spite of the recent survey finding that 65% of the current hygienists are working four or more days per week. Enrollment in Dental Hygiene has increased over the past year by 16 to a total of 273 from 257. A bilingual class of 14 students has been started at Cambrian College in Sudbury. The enrollment in dental hygiene in 1988 is in considerable excess over the number of first year students enrolled in dental faculties in Ontario (140) at present. The anticipated further reduction of first year students of dentistry at the U. of T. from 100 to 64 and at U.W.O. from 40 to 36 will improve the situation further.

A QUESTION OF SPACE

For a number of years now it has become increasingly apparent that the current physical facilities of the College are inadequate to house the increasing number of staff and expertise required to meet the increasing complexity of the regulatory process.

That this is no longer a debatable issue was made clear when the Professional Liability Insurance group had to move into rented quarters at University avenue. On the basis that the current facilities are inadequate, that from an economic standpoint it makes more sense to own than to lease property, and that the College should capitalize on the worth of its lease which diminishes over time, Council members have been evaluating opportunities.

Recently the O.D.A. has made a decision to sell its building at 234 St. George Street. This property has been evaluated and I am happy to report that The Royal College of Dental Surgeons of Ontario and the Ontario Dental Association signed an agreement on November 25, 1988 for the R.C.D.S. to purchase the properties at 234 St. George Street and 230 St. George Street at a price of two million five hundred thousand dollars (\$2,500,000.00). The latest date for the R.C.D.S. to take possession will be March 31, 1990. This arrangement will permit the accommodation of the activities of P.L.I., which are currently operating in rented quarters.

The College is confident that this purchase will meet its long term space requirements and at the same time meet the financial obligations of the members in a responsible manner.

THE ISSUE OF ADVERTISING

The case involving two dentists who, as a consequence of their participation in an advertising campaign, have charges brought about them by the College alleging that they had acted in contravention of Regulation 447, has sparked considerable activity and interest. The Divisional Court had earlier dismissed the dentists' applications following which the appeal to the Court of Appeal was launched.

The majority of the Court of Appeal found that, with regard to the subsection containing the strictures on advertising, it could not proceed because subsection 39 contravened the *Charter of Rights and Freedoms*. This decision appears to equate the regulation of advertising by dentists to advertising in the market place and holds that any limitation on advertising by dentists is an infringement of the right of free expression.

The College has requested a stay of this decision, which has been granted after a further test.

Currently, this matter is being considered by the Supreme Court of Canada and their decision will, no doubt, affect the rewriting of new regulations.

The College has adopted a position that it will permit advertising which is informational but not one that is promotional in character. While easy to state, this guideline is not as simple as it sounds in its implementation. While liberalizing of advertising regulations is inevitable, "it should not be taken that all regulations of advertising will be lightly held to be constitutionally invalid. Quite the contrary, reasonable regulation may often be essential and will always have a salutary effect." (Quote from final paragraph of the Court of Appeal)

CONTINUING COMPETENCE, QUALITY ASSURANCE

Reference has already been made to the objectives of H.P.L.R., one of which is to ensure continuing competence in its members and quality assurance in health care. Council members and the General Purpose and Education Committees have been addressing this issue. The different Colleges co-sponsored with the University of Toronto Continuing Education Department a special conference whose central theme was "Strategies for Maintaining Professional Competence". There are very few Continuing Competence programs in place and hence the discussions primarily considered didactic aspects.

Some main features of Continuing Competence programs that were enunciated are:

1. Must have a practical clinical component in addition to a didactic component including behavioural aspects.
2. Mandatory continuing education programs, per se, are not adequate.
3. The most significant learning often occurs in the day-to-day clinical environment which is characteristically a self-discovered process.
4. The 'Complaints' and 'Discipline' aspects of the current regulatory bodies are not, by themselves, a guarantee of effective continuing competence by members.

In recognition of some of the above principles, Council has approved a multi-faceted Continuing Competence program whose main components should be:

- development of new, hands-on university-based clinical programs;
- mandatory continuing education comprising self-learning and self-assessment modules and other diverse continuing education programs;
- the development of practice profiles to monitor and intercept early tendencies of abuse;
- the involvement of the Local Dental Societies in Quality Assurance and mediation;
- a recognition by the Professional Faculties that education is an on-going process that requires nourishment and creative approaches throughout the lifetime of the practitioners.

These concepts must now be "fleshed-out" into practical and effective programs — not a small task. Members have been and are now again invited to submit innovative proposals that may assist the College in this important task.

REDISTRIBUTION

Council currently is composed of 16 individuals: nine are elected by members, two by the Faculties of Dentistry in the Province; five public representatives appointed by Government; and two Dental Hygiene Observers (non-voting on Council). Council members have for several years debated the issue of numbers and the ideal mix of this body. The greatest concern was to ensure that the increasing workload of Council members should not act as a deterrent for others from considering service on Council, and further that there be an adequate geographical distribution on Council in order to facilitate optimal personal communications without undue travel and loss of time.

The General Purpose Committee has recommended and Council has approved the establishment of twelve electoral districts in the province, with one member to be elected from each district, thus increasing the numbers of elected representatives by three (from 9 to 12). This recommendation has to be forwarded to the Ministry of Health, and should ensure a better

representation from the more remote geographical areas.

THE FIRST INDEPENDENT CHAIRPERSON

Council has approved the concept of an "Independent Chairman" for Council meetings as permitted by the revised By-Laws. This will free the President from the role of having to conduct the meeting and give him/her a greater freedom in participation in discussion. Further, an independent chairperson lends an aura of objectivity that is sometimes difficult to achieve when a member of Council is the Chairman.

During the Council meeting on November 17-18, 1988 the concept was given a trial run with Mr. David Bonham, a Solicitor and Accountant as Chairperson. The feedback indicates the experiment was successful, and will no doubt be repeated in future meetings of Council.

AN HONOUR TO SERVE

There is a story about an ancient ruler who requested the wise-men in his court to come up with an adage that will meet each and every occasion. The wise-men came up with this adage: "This too will come to an end". And so has my role in the RCDS as President.

I wish to repeat the final comments I made in last year's Proceedings.

What happens during the next several years will have an indelible effect on the structure and workings of the College and its members for years to come. Members of Council are working to meet the challenges by a creative and innovative approach in the rewriting of the Health Disciplines Act and the regulations, including the standards of practice. The Chinese characters for a crisis situation is a composite of one meaning "danger" and the other "opportunity". I believe it is important that a positive attitude be maintained and that we should view the current changes as temporarily traumatic but in the long run may yet augur the best of times for the profession and for the public.

I wish to thank every member of Council for their commitment, time and energy and for their support in carrying out the mandate of the College in the face of an overwhelming workload. The Committee Chairmen have laboured long and hard and I especially thank them for their efforts. I urge each member of the College to peruse the individual Committee reports for more details about the activities of the College.

Electoral Districts



R.C.D.S. COUNCIL ELECTORAL DISTRICTS

2

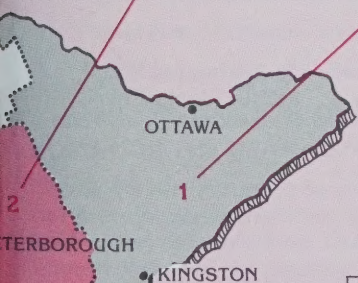


G.C. "George" White, D.D.S.
Oshawa

1



W.H. "Trev" Treleaven, D.D.S.
Kingston



1

4



G.E. "Gary" Pitkin, D.D.S.
Toronto



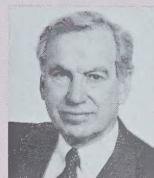
E. "Eric" Luks, D.D.S.
Toronto

8



R.T. "Randy" Lang, D.D.S.
Mississauga

UNIVERSITY REPRESENTATIVES



W.J. "Wes" Dunn, D.D.S.
London



G. "Gordon" Nikiforuk, D.D.S.
Toronto

GOVERNMENT APPOINTEES



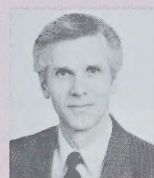
Z.M. "Zita" Dossett
Kingston



E. "Eunice" Swadron
Thornhill



M. "Michele" Harding
Toronto



R.P. "Rondo" Thomas
Scarborough



R. "Ross" Sutherland
Toronto

DENTAL HYGIENIST OBSERVERS



R. "Rosemary" Donaldson
Toronto



L.L. "Lynda" Mickelson
Thunder Bay

Council/Staff



R.C.D.S. COUNCIL 1988

Top Row: E. Luks, W. Hilliard, G. Pitkin (Past President), G.C. White, R. Lang, W. Dunn, J. Stakiw, R. Thomas, R. Sutherland

Middle Row: Z. Dossett, R. Donaldson, L. Mickelson, M. Harding

Bottom Row: R. Beyers, W. Treleaven (Vice-President), G. Nikiforuk (President), K. Pownall (Registrar), E. Swadron, T.G. White

STAFF

Registrar
Deputy Registrar

Kenneth Pownall, D.D.S.
Edward Fox, D.D.S.
(retiring June 30, 1988)
Roger Ellis, D.D.S.
(commencing July 1, 1988)
Kerry Mathers, D.D.S.
(until April 30, 1988)

Associate Registrar

Assistant to the Registrar

James Gillespie, D.D.S.
Minna Stein, D.D.S.
(commencing June 15, 1988)

Executive Assistant

Linda Strevens, B.Sc.D.

Inspector

Sam Evans

Solicitors

Shibley, Righton & McCutcheon

Auditors

Thorne Riddell

Bankers

The Royal Bank of Canada

REPORT OF THE EXECUTIVE A-COMMITTEE

Chair: G. Nikiforuk, D.D.S.

Committee Members: R.M. Beyers, D.D.S., R. Donaldson, E. Swadron, W.H. Treleaven, D.D.S., T. Gordon White, D.D.S.

The composition of the Executive Committee is defined by the Health Disciplines Act and includes the President, the Vice-President (Dr. Treleaven) and three additional members of Council, one of whom shall be a person representing the public (Mrs. E. Swadron). The Executive A Committee performs such functions as are delegated to it by Council and the by-laws and may act upon matters that require immediate attention between meetings of Council other than to make and/or revoke a regulation or by-law.

The Committee met ten times during the calendar year and has considered a variety of important issues. What follows are highlights of the important issues considered. Members are welcome to contact the College or their district representative for more detailed information.

GUIDELINES AND RESOURCE DOCUMENTS ON INFECTION CONTROL

The College has developed practical guidelines to assist members in addressing the complex problem of infectious diseases including AIDS, HBV, and other viral and bacterial infections. In conjunction with Drs. J. Main (University of Toronto) and J. Hardie (Ottawa Civic Hospital), and with assistance from Dr. W. Dobrovolsky (Toronto General Hospital) the following documents have been developed and will be published for the Dentaguide:

1. Recommended Infection Control Practices
2. Prevention of Disease Transmission
3. The Management of Patients with AIDS and Viral Hepatitis in Dental Practice

FORUM ON THE RE-IMAGING OF DENTISTRY

This is the first Forum to be sponsored by the College in order to communicate to members the diverse and significant issues confronting the profession. Over 200 members and dental hygienists attended the meeting held on October 15, 1988 at the Toronto Convention Centre. The theme of the conference was "Re-Imaging of Dentistry". The morning session was devoted to the Health Professions Legislation Review issue, and the afternoon to an update of the most significant scientific developments in dentistry and the impact of the dramatic changes in the pattern of oral-dental disease on dental practice. Feedback from those who attended has been very positive and the format may well serve as a prototype for future symposia.

A sincere thanks is due to the Organizing Committee (Drs. R. Beyers and R. Ellis and Ms. M. Harding), to the participants from the College and the University community, and to the two Keynote speakers, Dr. Harold Loe, the Director of Dental Re-

search, Bethesda, Maryland, and Ms. L. Bohnen from the H.P.L.R.

ADVERTISING REGULATIONS UPDATE (RCDS ats ROCKET AND PRICE)

A communication has been received from the solicitor of the College that the stay of the decision of the Ontario Court of Appeal granted to the R.C.D.S. by one judge had been appealed by Drs. Price and Rocket on the grounds that a one-judge panel did not have the authority to grant a stay. While the panel of three judges, which heard this appeal, agreed that one judge did not have the authority to grant a stay, it then as a panel, confirmed the stay.

The College is awaiting the decision of the Supreme Court of Canada as to whether it will grant leave to hear the appeal from the Ontario Court of Appeal decision re: freedom of commercial speech. The decision of the Supreme Court will, no doubt, have an effect on the many pending amendments to regulations pertaining to advertising by health professions in Ontario.

SPACE REQUIREMENTS OF THE COLLEGE

(See President's report for details)

APPOINTMENT OF RCDS TREASURER

Council has adopted a by-law which dictates that the offices of Registrar and Treasurer may not be held by the same person.

The Executive Committee has recommended and Council has approved that no formal appointment to the office of Treasurer be made at this time, and that these duties, as described in the by-laws, be transferred to the Director of Administrative Services (currently, Mr. E. Bale).

A QUESTION OF SPACE

(See President's Report for an account of this item)

THE ROLE OF THE RCDS AND THE PUBLIC

The mandate of the College is clear: — to develop and regulate the standards of practice of the Profession in the public interest. In spite of this clear and long-standing mandate, the College has not developed any major channels of communication with the public. To correct this, the Executive Committee has recommended that the College consider ways and means of improving communication with the public. One way of achieving this objective is to develop information brochures for distribution to the public through dental offices. In this way the public will gain awareness as to the role of the College and the mechanisms available to the public-at-large to prevent and correct any cases of unsatisfactory delivery of dental care. Brochures alone will not suffice. What is required is a concerted effort, through several media, to keep the public informed on the many issues such as insurance plans, change in regulations, and the options available in health care.

THE PRICE WATERHOUSE REPORT

In an effort to streamline the administrative activities of the College a major organization and operational review was conducted by Price-Waterhouse, specialists in this field. The scope of the review included the following elements: the appropriateness of the RCDS's organizational structure and resources; an assessment of workloads and responsibilities; development of position guides for key staff members; estimated staff requirements to assure the continuing competence of licensed dentists; the impact of the separation of dental hygienists from the RCDS; potential for in-house legal counsel and others.

Recommendations and a plan of implementation relating to organization, personnel management, finance and administration, professional liability and computer systems were received and studied by a Steering Committee, including the recognition that the report had not fully met its mandate (in areas of hiring policies and salary scales), and have been accepted. Some recommendations, as the separation of duties of Treasurer and Registrar; the hiring of a Director of Administrative services has already been implemented. The report will assist the College in its overall objectives of developing effective organizational and operational arms that are responsive to the changing needs of the College and also ensure working conditions that result in high staff productivity and harmonious relationships.

DENTAL CARE FOR SENIORS — GRANT APPLICATION FROM ONTARIO SOCIETY OF PUBLIC HEALTH DENTISTS

In response to the health care needs of the elderly, Drs. J. Leake and D. Locke, together with a team of investigators from the Community Health Department, and the Faculty of Dentistry, University of Toronto, have received funding from National Health and Welfare for an Ontario Dental Longitudinal Study of the Elderly.

The Executive Committee on behalf of the College, has agreed to support this group in their efforts to obtain information on dental needs for the elderly and has approved their request to utilize specially-trained dental hygienists as members of the team conducting oral health assessments on this population (estimate of number to be studied is 1,400).

RCDS REPRESENTATION TO THE NATIONAL DENTAL EXAMINING BOARD

In view of his appointment as dean of the Faculty of dentistry at the University of Manitoba as of April 1, 1989, Dr. R. E. Jordan tendered his resignation as R.C.D.S. representative to the National Dental Examining Board effective November 13, 1988.

As it was necessary to appoint a successor to Dr. Jordan prior to the November 1988 Council meeting, the Executive Committee appointed Dr. Philip A. Watson to complete Dr. Jordan's term which expires at the end of 1988.

MINISTRY OF HEALTH — X-RAY INSPECTION SERVICE

The College has been advised by Mr. J. H. Ritchie, Chief of the Ministry's X-ray Inspection Service, that the government is, at

present, giving consideration to contracting out its x-ray inspection service. He inquired if the College would be interested in assuming this function. Mr. Ritchie was informed that the College would participate in discussions concerning possible involvement in the radiation inspection program if and when such a proposal is presented.

VITEK TEFLON — PROPLAST MENISCAL REPLACEMENT MATERIAL

Serious problems have been associated with the use of the above material as a meniscal replacement. This information has important ramifications and it was agreed to make it available to the members via the Dispatch subsequent to receipt of substantiating documentation.

HPLR / REQUEST FOR A MEETING WITH THE MINISTER OF HEALTH

In a letter signed by the four Registrars, the Colleges of Dental Surgeons, Physicians and Surgeons, Optometrists and Pharmacists have requested the opportunity to meet with the Minister to discuss their serious concerns about the enforceability of the office provisions as recommended by the HPLR and the impact the provisions would have on the public. Each College proposes to send its President, its Registrar and Legal Counsel to the meeting. To date no response has been received from the Minister.

DENTIST'S LEGAL POSITION RE: REFUSAL TO TREAT PATIENTS

Recent Human Rights Commission decisions make it clear that a dentist does not have an unfettered right to refuse to render services requested by a potential patient. This prompts the question: "What are the legal rights of a dentist with regard to refusing to treat certain patients?" The question deserves study. Accordingly, the Executive Committee has requested Drs. Dunn and Pownall, with the assistance of Mr. Bromstein, to do a literature search on the subject and to prepare a statement for consideration by the Executive Committee.

MEETING WITH GOVERNING BOARD OF DENTAL TECHNICIANS

The College's Executive Committee met with and hosted a dinner for the Executive Committee of the Governing Board of Dental Technicians during which the question of licensed acts, as it pertains to dental technicianry was discussed. The College continues to support the concept that registered dental technicians should have licensed acts.

MEMORIAL GIFTS

Executive Committee members noted with sincere regret the death on September 20, 1988 of Laura Stakiw, daughter of Dr. J. E. Stakiw, a member of Council. On behalf of the College, a donation has been forwarded to the Laura Stakiw Memorial Fund for Dental Research at the Faculty of Dentistry, University of Western Ontario.

The Committee also noted with regret the death on June 2, 1988 of the son of a former employee, Dr. D. McFarlane. A donation was forwarded to the Robert McFarlane Fund, Camp Kwasind.

CANADIAN DENTAL EXAMINERS

A letter was received from Dr. C. O. Munroe, Dental Director, Canadian Dental Examiners, asking whether it was proper, as an agent for an insurance company to request a report or radiographs from a dentist to assist the patient in obtaining reimbursement for treatment rendered.

The College's Legal Counsel was contacted and a response was sent along with a copy of current regulations with respect to provision of a report or certificate requested by a patient or his/her authorized agent (Regulation 447, section 37((30)) and with respect to provision of a report or certificate requested by a patient or his/her authorized agent (Regulation 447, Section 37(31)). Under the current regulations a dentist is not obliged to deliver up x-rays to either a patient or his/her insurer.

LATE PAYMENT OF ANNUAL FEES

An incident occurred in 1988 whereby a delinquent dentist's licence was restored to the register of the College before his cheque cleared the bank. The account on the cheque turned out to be "NSF".

The Executive Committee directed that commencing in 1989 members, when they are notified that they are about to be struck from the register for non-payment of the annual fees, be informed that their cheque to the College must be either certified or have cleared the bank before they will be officially reinstated.

THE ISSUE OF FREEDOM OF CHOICE AND FINANCIAL VIABILITY RELATING TO CAPITATION

The President was requested to write to the Minister of Health reiterating the College's concerns on the issues of "freedom of choice" and "financial viability" relating to capitation. Also, R.C.D.S representatives met with representatives of the Ministry of Financial Institutions, the Minister of Consumer and Commercial relations and the Ministry of Health. The meeting was of considerable length and resulted in a fruitful discussion of the issues. The officials from the Ministries now have a better understanding of and a greater sensitivity to the College's concerns. They will be mindful of these concerns when re-writing the legislation. However, no commitment was made as to whether or not these concerns will be reflected in the new legislation.

CONFERENCE ON STRATEGIES FOR MAINTAINING PROFESSIONAL COMPETENCE, OCTOBER 20-22, 1988

The College assisted in the sponsorship of this interdisciplinary conference. The President, the Vice-President, the Registrar and Deputy-Registrar attended this meeting. Reading material relating to this conference may be obtained by interested

members of Council from the Registrar of the College. (See President's report dealing with Continuing Competence.)

REGULATIONS

The Committee has deliberated on numerous items involving regulations as they pertain to advertising, prescribed drugs, dental records, announcement of office opening, announcements in telephone directories, overcharging, and others.

ACKNOWLEDGEMENTS

The issues considered by the Executive Committee over the past year have been varied and some of them complex. The members of the Committee have performed their duties with great diligence and commitment, and I wish to express my deep appreciation for their time, efforts and support. At all times the standards of the dialogue within the Committee have been high and the interaction such as to assure that issues were addressed objectively in the interest of the public and in the long run in the interest of the profession. We express thanks to the members for their interest in these issues.

REPORT OF THE EXECUTIVE B COMMITTEE

Chair: W.H. Treleaven, D.D.S.

Committee Members: R.M. Beyers, D.D.S., R. Donaldson*, G. Nikiforuk, E. Swadron

The by-laws of the College divides the work and responsibilities of the Executive Committee into two basic categories:

- (a) Executive A Committee is responsible for the matters bearing on the management and direction of the affairs of the College, and
- (b) Executive B Committee is responsible for matters bearing on issues having cognate relationships to complaints, discipline, and regulations concerning professional misconduct.

The Executive B Committee has the same composition as the Executive A Committee except in cases where a conflict exists because a member also sits on the Discipline Committee. In Executive B matters involving dental hygiene, the elected dental hygienist observer on the Executive Committee is invited to sit with the Committee during its deliberations.

This Committee met seven times during the calendar year and has considered numerous matters. The following list describes the variety of issues placed before the Committee:

- illegal advertising;
- failure to maintain the standards of practice of the profession;
- knowingly submitting a false or misleading account;

- charging fees for services not rendered;
- failure to abide with the terms of an Undertaking given to the College;
- improper use of the authority to prescribe, sell or dispense a drug;
- practising without a current dental licence;
- matters dealing with unusual dental treatments;
- allegations of professional misconduct against dental hygienists;
- anonymous complaints;
- results of investigations ordered under Section 40 of the Health Disciplines Act;
- referrals from the Complaints Committee;
- results of office monitoring visits;

- results from the remedial course taken by members;
- illegal use of assumed names;

The majority of matters placed before the Executive B Committee deal with advertising infractions. Current guidelines concerning advertising may be found in the Dentaguide — A guide to the practice of dentistry in Ontario. If there are any questions regarding these guidelines, members of the profession are encouraged to contact College headquarters for assistance. Be informed before you act.

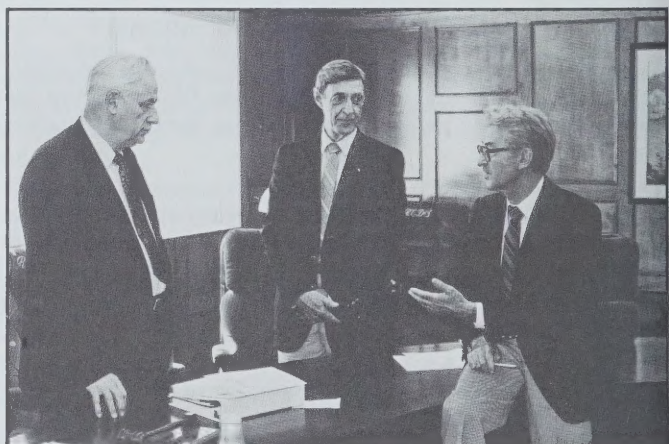
ACKNOWLEDGEMENT:

The Chair and members of the Committee take this opportunity to express sincere thanks to the members of the Staff for their invaluable assistance.

* May be invited to attend any meetings of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.



Left to right: E. Swadron, W. Treleaven, G. Nikiforuk, K. Pownall,



W. Treleaven, T.G. White, G. Nikiforuk



R. Beyers

Registration

REPORT OF THE REGISTRATION COMMITTEE

Chair: T.G. White, D.D.S.

Committee Members: Z.M. Dossett, W.J. Dunn, D.D.S.,
L.L. Mickelson*

During 1988 the Committee met formally on two occasions, as well as numerous informal meetings following other Committee meetings. In addition, there were a number of telephone meetings to consider specific cases.

The Registrar handles applications which meet all of the requirements. In total 220 licences were issued for general practice in which all requirements were met. 100 were University of Toronto graduates, 38 from the University of Western Ontario, and the remaining 82 successfully completed the N.D.E.B. examinations. There were 35 specialty certifications granted. These were in the following specialties:

Endodontists

Steven J. Cohen, Paul Myron Vanek

Oral and Maxillofacial Surgeons

Michel Leonel Desjardins; William Lewis Frydman; Brent Edwin Johnson; Robert Mark Klein; Bohdan Kryshalskyj; Arnold David Lockshin; Glenn Morawetz.

Oral Radiologist

Robert Edgar Wood.

Orthodontists

Lawrence Paul Allen; Michael Ralph Biggar; Brian John Clarke; Harry Yuk-Kai Fung; Daniel Joseph Jacob Pollit; Viranmol Toor; George Dennis Trigylidas; Robert John Voth.

Paediatric Dentists

Neil Brian Applebaum; Daniel Clayton Avram; Joseph Benbassat; Michael Joseph Casas; James Mervyn Creighton; Peter Albert Darbyshire; Napoleon Harling Pang; Gregory John Westman.

Periodontists

Murray John Arthur Cuff; Victor Stephen Kutcher; Dakim Lee; Randolph Leslie Masuda; Lorne Alan Wiseman.

Prosthodontists

Douglas Erik Cragg; Russell R.L. Wang.

Public Health Dentists

William Mark Coulby; Hazel Norine Stewart.

The RCDS wishes to thank the following consultants for their help in reviewing applications, and assisting the Registration Committee in assessing qualifications:

Specialty	Appointed by R.C.D.S.	Appointed by Specialty Group
Dental Public Health	(in process)	Dr. James Shosenberg
Endodontics	Dr. J. Keith Hunter	Dr. Lorne Chapnick
Oral Pathology	Dr. John Hardie	Dr. G.P. Wysocki
Oral Radiology	Dr. George C. Stirling	Dr. S.M. Fireman
Oral and Maxillofacial Surgery	Dr. John Symington	Dr. Charles Minett
Orthodontics	Dr. Jack G. Dale	Dr. R. Bozek
Paedodontics	Dr. Donald A. King	Dr. F. Pulver
Periodontics	Dr. Brian E. Reed	Dr. Robert Turnbull
Prosthodontics	Dr. Philip A. Watson	Dr. Donald R. Kramer

The new procedure for use of consultants which was adopted last year, was followed. This procedure involved the use of consultants only when the applicant did not meet the conditions precedent to certification.

NOTE

The Registration Committee is empowered by Section 32(2)b to exempt an applicant from any licensing requirement. This exemption is used very cautiously in order to avoid setting precedents. It is used only when documents confirm that training, skill and experience are equivalent to the requirements set down in the Regulations.

GENERAL PRACTICE REQUIREMENTS

One of the requirements for certification that has come before the Registration Committee on numerous occasions, is the request to waive general practice requirements. This applicant is required to have one year of general practice training prior to certification. It is fully acknowledged that one year of general practice is very desirable, but very difficult to administer. The RCDS did recommend to the Council on Education and Accreditation of the Canadian Dental Association that Education Institutions, in their admission requirements for post-graduate specialty programs, give preference to applicants having had at least one year of general practice experience. At the same time the Council of the RCDS passed a resolution requesting that the requirement for 12 consecutive months of general practice prior to taking a specialist course be withdrawn from the Regulations as a condition for specialist certification.

It is drawn to your attention that Section 36(1)c of Regulation 447 is still in the present regulations. Accordingly, all requests for variation have to be considered by the Committee. Each request is considered on an individual basis.

ACADEMIC LICENCE

A small number of applications is received during the year from foreign dentists for an educational licence to fulfil staff requirements at the faculties of dentistry or at teaching hospitals. These individuals are not allowed to practise dentistry

outside of the institutions, and the educational licence is limited to the length of the University/Hospital appointment, eg. 8 months — 2 years, etc.



Mrs. Z. Dossett (public representative) and T.G. White.

DENTAL HYGIENE APPEALS

The Registration Committee reviews appeals from candidates who were unsuccessful in the dental hygiene licensing examinations. One appeal was granted to retake the supplemental examinations in a case where the application had failed two previous sets of supplemental examinations. The Committee directed that adequate practical training be a requirement before further supplemental examinations could be attempted. The candidates was informed that if she failed again, she would be required to repeat the entire year of training before permission would be granted to sit for the licensing examination again.

Another candidate who had failed the regular examinations and one set of supplemental examinations was denied an appeal. It was noted that the candidate was eligible to take one further set of supplemental examinations. As this candidate had failed the clinical portion of the examination on both occasions, it was suggested by the Committee that additional practical training be taken before attempting the examinations for the final time.

PROPOSED REGULATION AMENDMENT RELATING TO LICENSURE

Several new types of licences have been proposed. This will be a major change to the Registration Regulations.

After very careful consideration by the Committee, draft regulations were passed by the RCDS Council and will be forward-

ed to government for consideration and possible implementation. A copy of these proposed regulations will be distributed to the members of the College early in 1989.

The Committee felt that it was impractical at this stage to attempt to qualitate what a member has done within the 500 hours of direct dental treatment during the preceding 24 months.

On the other hand, it is the opinion of the Committee that it will be necessary to develop guidelines to cover the many circumstances which will, no doubt, arise. These guidelines should ensure that members who wish to practise, and may not have engaged in active treatment to patients for some time, are competent to return to active practice.

It may be necessary for some members to attend refresher courses, or to qualify in some other manner to assure that current acceptable standards are met. The practicing licence requirement will, no doubt, enter into the new proposals which must be developed for continuing competence assurance.

ACKNOWLEDGEMENTS

I extend a special thank you to Dr. Ken Pownall, Mrs. Linda Strevens, Barbara Harris and Ingrid Kleysteuber for their untiring effort and expertise. Our appreciation also goes to our legal counsel, Mr. Alan Bromstein. It has been a privilege to act as Chairman of the Registration Committee for the past two years. The dedication and hard work of the Committee members made this task a pleasure.

* May be invited to attend any meetings of the Committee where matters involving dental hygiene in general and/or a dental hygienist in particular are to be discussed.



Dr. W. Dunn (Chair)

Complaints

REPORT OF THE COMPLAINTS COMMITTEE

Chair: J.E. Stakiw, D.M.D.

Committee Members: R.M. Beyers, D.D.S., Rev. R.P. Thomas

The Complaints Committee has, during 1988 dealt with 268 written complaints matters. As in the past, these pertained largely to unsatisfactory dentistry, associate agreement disputes and over/under treatment. In addition, advertising, insurance claim form discrepancies, verbal abuse, dental implant problems, overcharging, inadequate diagnosis, and other complaints were considered.

There does not appear to be a change in the kind of complaint matter coming before the Committee and on the whole, many situations appear to be due to a breakdown in communication between the practitioner and the patient. Practitioners should be reminded that their patients should receive adequate information on which to base their informed consent to treatment, patient records should be adequate and the practitioner should not treat beyond his/her clinical capabilities.

HEALTH DISCIPLINES BOARD

During 1988, 41 cases have been appealed to the H.D.B. Of these 41 cases, 15 decisions have been confirmed and 26 cases are pending.

ACKNOWLEDGEMENTS

Special thanks are due Mrs. Gladys Holder for her most expeditious management of the paper work involved in the complaints process and to Mrs. Kay Chuckman and Ms. Nancy Chow for their capable assistance.

The members of the Committee wish to express their appreciation and thanks to Dr. James Gillespie for his help with and conscientious approach to each complaint matter.

My personal appreciation to Dr. Rick Beyers and Rev. Rondo Thomas for the time spent on Complaints Committee work and for their unfailing ability to judge each complaint matter with compassion and common sense and one can say, after two arduous years, thank you for a job well done.

Discipline

REPORT OF THE DISCIPLINE COMMITTEE

Chair: G.E. Pitkin, D.D.S.

Committee Members: R. Donaldson*, W.J. Dunn, D.D.S., M. Harding, W.R. Hilliard, D.D.S., R.T. Lang, D.D.S., R. Sutherland, G.C. White, D.D.S., T.G. White, D.D.S.

For the third consecutive year, the decisions of the Discipline Committee hearings have been published in the RCDS Dispatch as soon as possible following the conclusion of each case and the expiry of any possible legal appeal interval. In this way, it is the College's sincerest wish that those most affected by our deliberations and decisions may be able to quickly put the matters behind them, correct their shortcomings, either clinical, ethical or moral, and get on with their lives, hopefully to become, once again, valuable members of our professional fraternity. To reference the individual decisions regarding specific cases, may I direct you to the 1988 issues of the Dispatch published in February, April, July, August, October and December of that year.

Generally, we dealt with the usual array of breaches of the professional misconduct Regulations. It saddens me to indi-

cate this as we have always hoped that what we had dealt with before would act as more of a deterrent. Fraud is still, unfortunately, high on the "hit parade" of misconduct transgressions. Although percentage-wise we do not see a tremendous number of these cases, when you consider the total of licensed dentists in the Province of Ontario, their severity seems to be increasing. The boldness and disregard for professional ethics, exemplified by the perpetrators of this crime, never ceased to amaze and disgust the members of the Discipline Committee. As a result, I am sure a cursory perusal of the aforementioned Dispatch issues would soon suggest that this Committee decided to deal with cases of this nature in a much more severe manner than before and it is hoped that the seriousness of the related penalties will not have escaped the notice of each and every one of our members. Deterrence must surely be encouraged when this activity would ever even be contemplated.

Very much related to the issue of fraud is the acceptance of assignment of reimbursement by dental practitioners when dealing with third party "dental insurers". Now, I do not mean to infer that all practitioners who accept assignment commit fraud but I can assure you that all practitioners that this Committee found guilty of fraud in 1988 DID accept assignment. As a result of this occurrence, a motion was passed at the November meeting of the RCDS Council directing that the

Government be approached to enact the necessary regulatory changes to make the acceptance of assignment professional misconduct. This recommendation, however, must still be considered by the Government and passed before it can take effect. Considering the disastrous economic effects fraud has been shown to have on the premium levels subscribers to these "dental insurance plans" must pay, we feel this addition to the misconduct Regulations would go a long way in helping to serve the dental patients of Ontario, fully realizing that the number of people covered by third party dental plans in the Province is approaching universality and still growing. The Ontario Dental Association has advocated publically the elimination of the acceptance of assignment for years now, as well, and it was with a great measure of disbelief that a senior Executive member of the ODA staff who attended the November meeting of Council as an observer asked for recognition of the Chairman and stated that if this motion was passed there were going to be 2202 dentists in the province who currently accepted assignment most upset by this decision. If the statement had been made in a jocular manner, Council might have understood the rationale; but, let me assure you, the individual was quite serious and inferred that the passage of this motion would present a definite obstacle for these people. Well, that was the entire point! Acceptance of assignment is NOT necessary and, in our experience, has proven to be detrimental to the dental health care provisions afforded the people of Ontario.

The other problem most commonly dealt with during our deliberations in 1988 had to do, once more, with associateship or partnership breakups. It seems the College is still expected to play "Solomon" in the nastier of these episodes, especially where the ownership of patient records is at issue. Let me state again: "Patients must NEVER be used as pawns in ANY practice dissolution dispute between practitioners". If a patient requests that their radiographs and/or records be transferred from one practitioner to another the College has told you before and will now tell you again to comply with the patient's

request. Yes, we agree that copies can be sent, but, nevertheless, the requisition must be reasonably and in a timely fashion complied with. Failure to comply will, in all likelihood, result in your meeting in a completely non-social setting with some of the sometimes not-so-congenial members of the Discipline Committee. Do I make myself clear? It is inconceivable that so many practitioners, contemplating or having formed associate or partnership agreements, seemed to have neglected to address the potential ramifications of a dissolution. For goodness sake, spend a little time and money with a lawyer during these deliberations — it will be time and money well spent.

Allow me, at this juncture to most sincerely thank all the members of my Committee for making a thankless task a rewarding one. Their patience and good humour often sustained me in trying times and their dedication and service did not go unnoticed by me and, hopefully, by presenting this comment here, by the profession either. Thanks, also, to Dr. Kerry S. Mathers who coordinated the Committee's activities until mid-summer when his successor, Dr. Minna Stein, carried on most ably in this capacity. Their efforts were most appreciated by all members of the Committee. The support personnel, who often go unnoticed and unthanked, also deserve rich commendation especially having had to put up with the Chairman's penchant for detail and minutia for another year. A special word of appreciation must be extended to the most interesting and devoted members of the legal profession with whom we have had contact this past year. They made it anything but dull!

This winds down my two year term (some might call it a sentence) as Chairman of the Discipline Committee. What more can I say? It's been a "slice"! Thanks for reading.

* May be invited to attend any meeting of the Committee (without voting privileges) where matters involving dental hygiene or a specific dental hygienist are to be considered.

Dental Hygiene

REPORT OF THE DENTAL HYGIENE MATTERS COMMITTEE

Chair: L. Mickelson

Committee Members: R. Donaldson, J.E. Stakiw, D.D.S.,
Rev. R.P. Thomas, G. Nikiforuk, D.D.S. (ex officio).

PILOT PROJECT (Alternative to Present Licensing Examinations)

Dr. Julian Tsafaroff and Mrs. Vivian McGuire joined Dr. George Browes and Mrs. Jacklyn Ferguson as on-site team members.

Confederation and Niagara Colleges were re-visited. Durham and Cambrian Colleges were visited for the first time.

A licensing body must assure itself that graduate dental hygienists meet certain clinical standards and are prepared for the changing perspective of dental health care.

Based on the conclusions of the RCDS Visitation Team Members, it has become obvious that graduates are meeting minimal competencies and are being trained as focused technicians rather than being educated as health care providers.

Objectives of Pilot Project On-Site Visits

1. To assure that graduates can apply theoretical knowledge to the practical setting
2. To assess that didactic knowledge and preclinical education are integrated with clinical performance.

The "Pilot" has been successful in that it has identified deficiencies in the present dental hygiene education and training. These factually substantiate the comments that were in the RCDS proposal concerning the compressed 8 month dental hygiene program as presented to the Council of Regents in 1986.

Also, within the present timeframe of the Dental Hygiene program, certain problems surfaced. One of these is the actual timing of the on-site visits, as it is crucial for the licensing body to assure itself that students will be competent at the time of graduation. The present length of the program makes this aspect difficult and it also makes the writing and reporting process difficult.

The "Pilot" confirmed findings of the Canadian Dental Association's Accreditation process, i.e. that the present dental hygiene educational process is too compressed.

To continue the "Pilot" with the facts before us would contradict the previous RCDS proposal to the Council of Regents in June 1986. At that time, we recommended that the Dental Hygiene course be a stand alone, direct entry, two year program separate from dental assisting.

With the information that we have gathered we would be prepared to work with the newly formed Council on Accreditation and Council on Education of the Canadian Dental Association. If we pool our resources and information, an effective mechanism could be developed that would "examine" both the didactic and clinical aspects.

Also, we could work with the Canadian Dental Hygienists' Association in developing a national certification examination which would contain certain problem solving questions utilizing clinical and didactic knowledge, judgement and analysis.

As a result of the information received from the reports of the Pilot Project On-Site Visitations, the Committee recommended and Council supported the following motion:

THAT the RCDS Pilot Project be put in abeyance until the Ministry of Colleges and Universities has re-evaluated the Dental Hygiene course curriculum and length.

General comments regarding deficiencies observed in the present 8 month dental hygiene course during the two years of visitations to four Colleges were forwarded to the Ministry of Colleges and Universities.

DENTAL HYGIENE AND DENTAL ASSISTING CURRICULUM CHANGES

The Ministry of Colleges and Universities is not prepared to make any changes in the training and education of dental assistants and/or dental hygienists until the Health Professions Legislation Review has been completed.

The Ministry of Colleges and Universities has stated: "The Health Professions Legislation Review has identified that dental hygiene will be a self-regulating profession. The Ministry of Health has confirmed this. The implications of this for the educational institutions are uncertain and it would, therefore, be better to await the outcome of the current process."

EXPANDED DUTIES RECOMMENDED FOR ONTARIO DENTAL ASSISTANTS

Members of the Dental Hygiene Matters Committee worked with the President and Executive Director of the ODN & AA to present a recommendation to Council.

After much discussion and some revisions, the College supported the concept introduced by the ODN & AA, of an auxiliary program designed to train successful candidates in a registered vocation termed "Ontario Certified Dental Assistant Level II" with the following duties:

1. Radiography (as qualified under H.A.R.P.)
2. Placement and removal of rubber dams
3. Taking of preliminary impressions for study models
4. Placement and removal of fluoride trays
5. Application of dental varnishes
6. Application and removal of matrices and wedges
7. Oral hygiene instruction (intra-oral aspects)
8. Placement and removal of dental sponges and cotton rolls
9. Mechanical polishing of the coronal portion of the teeth, not including instrumentation or air polishing.

These dental auxiliaries would succeed those termed Preventive Dental Assistants. The Ministry of Colleges and Universities will be approached to phase out the current Level I training in favor of Level II and to provide an upgrading program for those currently at Level I.

It would be in the interest of the public receiving dental treatment that duties not proposed for licensure be delegated only to these Ontario Certified Dental Assistants Level II.

CONTINUING EDUCATION

The new Health Disciplines Act will require the creation of a Quality Assurance Committee. The competency level achieved by the graduated licensed dental hygienist will have to be maintained. Quality Assurance programs will be developed by the College of Dental Hygienists to assure on-going competency.

Presently, the RCDS subsidizes the George Brown College dental hygiene refresher course. Undoubtedly with the new legislation, more of these courses will be required.

MANPOWER

The Committee decided not to draft a separate questionnaire concerning dental hygiene manpower. The Chair met with Dr. H. Akervall several times. His assessment of our present information gathering process has led us to recommend changes on the present license renewal forms.

Mrs. Strevens met with Dr. D. Lewis, Statistician, and Mr. Harry Fletcher, Computer Consultant to discuss changing the questionnaire contained on the annual renewal form for the dentists in order to co-relate the data with that obtained from the dental hygienists.

Currently, the statistical data gained from the renewal forms of the dentists and dental hygienists are independent of one another. Adjusting the questionnaire will allow the College to co-

relate the information obtained from the dentists and that obtained separately from the dental hygienists.

Statistics have shown that the utilization of dental hygienists has increased yet, the dentists' employment needs are not being met. Dr. Akervall's assessment leads us to believe that this is due to changes in employment patterns. (Appendix C and D)

LICENSING EXAMINATION FEE

The Committee recommended to the Finance and Property Committee that the dental hygiene examination fee be increased from \$200.00 to \$250.00. Graduate dental hygienists presenting for the licensing examinations are covered by the RCDS Malpractice Insurance Policy. The \$25.00 fee will be taken from the \$250.00 examination fee.

LEGISLATION

Such things as the regulations, complaints mechanism and discipline penalties should be formulated and passed by the Governing Body (transitional or otherwise) of Dental Hygienists.

As this Council's term ended in December 1988, a few items remained unresolved by the Dental Hygiene Matters Committee. One of these is osseointegrated implant supported bridges. What is, or will be the dental hygienists function in maintaining oral health of people with these bridges?

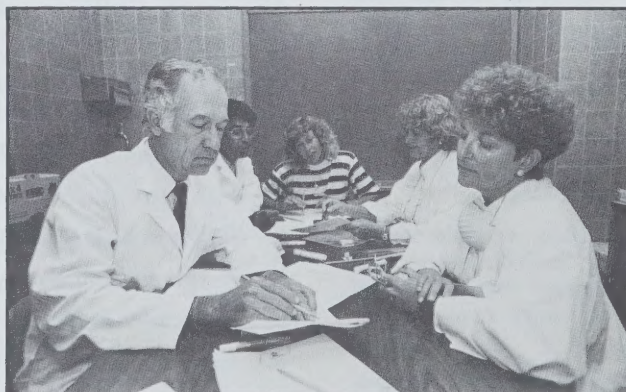
CONCLUSION

It has been a pleasure to Chair this Committee as it has given me the opportunity to work with some fine people in addition to my Committee members.

Special thanks are due to: Jackie, George, Vivian and Julian for the time and commitment they gave to the RCDS Pilot Project, and to Linda Strevens for her on-going valuable assistance.



L. Mickelson (Chair)



Examiners' Meeting



R. Thomas (Public Representative)

RESULTS — 1988 QUESTIONNAIRE

(A) i) STATISTICAL FILE:

a) Total number read	2,945
b) Total number of responses	2,796
c) Total number of "didn't respond"	148
d) Total number of errors	1
e) Total number of non-renewals	148 (same as "C")

ii) EMPLOYMENT STATUS:

a) Total number of dental hygienists employed full-time minimum of (5 days/week)	1,213 or 43.3%
b) Total number of dental hygienists employed 4 or more days/week	1,808 or 64.6%
c) Total number of dental hygienists employed 4 days/week	595 or 21.2%
d) Total number of dental hygienists employed 3 days/week	401 or 14.3%
e) Total number of dental hygienists employed 2 days/week	272 or 9.7%
f) Total number of dental hygienists employed 1 day/week	80 or 2.8%
g) Overall total of dental hygienists employed	2,592 or 92.7%
h) Total number of dental hygienists employed part-time (4,3,2,1 days/week)	1,379 or 49.3%
i) Total number of dental hygienists employed part-time [3,2,1 days/week (NOTE: if consider 4 days per week as full-time employment)]	753 or 26.9%

iii) EMPLOYMENT STATUS/YEAR OF REGISTRATION

a) Using the base of 5 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	980	1,912	100	51.2
(11 - 20)	184	669	38	27.5
(21 +)	49	215	10	22.7
Total	1,213	2,796	148	

ie. 1,213 or 43.3% are employed 5 days/week.

b) Using the base of 4 or more days/week as *full-time* employment

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	1,408	1,912	100	73.6
(11 - 20)	311	669	38	46.4
(21 +)	89	215	10	41.3
Total	1,808	2,796	148	

ie. 1,808 or 64.6% are employed 4 or more days/week.

c) Using the base of 4 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	428	1,912	100	22.3
(11 - 20)	127	669	38	18.9
(21 +)	40	215	10	18.6
Total	595	2,796	148	

ie. 595 or 21.2% are employed 4 days/week

d) Using the base of 3 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	221	1,912	100	11.5
(11 - 20)	124	669	38	18.5
(21 +)	56	215	10	26.1
Total	401	2,796	148	

ie. 401 or 14.3% are employed 3 days/week.

e) Using a base of 2 days/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	124	1,912	100	6.4
(11 - 20)	115	669	38	17.1
(21 +)	33	215	10	15.3
Total	272	2,796	148	

ie. 272 or 9.7% are employed 2 days/week.

f) Using a base of 1 day/week

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	40	1,912	100	2.1
(11 - 20)	27	669	38	4.0
(21 +)	13	215	10	6.0
Total	80	2,796	148	

ie. 80 or 2.8% are employed 1 day/week.

g) Total number of those employed part-time (4,3,2,1 days/week)

Number of Years Since Registration	Response	Total Response	N/R	Non-renewal	%
(1 - 10)	813	1,912	100	19	42.5
(11 - 20)	393	669	38	8	58.7
(21 +)	142	215	10	4	66.0
Total	1,348	2,796	148	31	

ie. 1,348 or 48.2% are employed part-time based on 4 or less days/week.

*NOTE: N/R

No response of 31. ie. the category of "part-time" was indicated but the specific category of number of days was not indicated.

h) Total number of those employed part-time (3,2,1 days/week)

Number of Years Since Registration	Response	Total Response	N/R	Non-renewal	%
(1 - 10)	385	1,912	100	19	20.1
(11 - 20)	266	669	38	8	39.7
(21 +)	102	215	10	4	47.4
Total	753	2,796	148	31	

ie. 753 or 26.9% are employed part-time based on 3 or less days/week.

i) Total number of dental hygienists employed

Number of Years Since Registration	Response	Total Response	N/R	Non-renewal	%
(1 - 10)	1,812	1,912	100	19	94.7
(11 - 20)	585	669	38	8	84.7
(21 +)	195	215	10	4	90.6
Total	2,592	2,796	148	31	

ie. 2,592 or 92.7% are employed.

j) Total number of dental hygienists voluntarily unemployed.

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	80	1,912	100	4.1
(11 - 20)	79	669	38	11.8
(21 +)	19	215	10	8.8
Total	178	2,796	148	

ie. 178 or 6.3% are voluntarily unemployed.

k) Total number of dental hygienists seeking employment.

Number of Years Since Registration	Response	Total Response	Non-renewal	%
(1 - 10)	22	1,912	100	1.1
(11 - 20)	6	669	38	.8
(21 +)	4	215	10	1.8
Total	32	2,796	148	

ie. 32 or 1.1% are seeking employment.

B) EMPLOYMENT DISTRIBUTION

a) Working part-time but would work full-time if suitable position available.

Total Response 975

Breakdown:

Those responding "yes" 94 or 9.6%

Those responding "no" 881 or 90.3%

ie. of those responding 94 or 9.6% are employed part-time but would consider full-time employment if a suitable position was available.

b) Working full-time but would work part-time if suitable position available.

Total Response 220

Breakdown:

Those responding "yes" 33 or 15%

Those responding "no" 187 or 85%

ie. Of those responding 33 or 15% are employed full-time but would consider part-time employment if a suitable position was available.

C) EXPANDED DUTY DENTAL HYGIENISTS

i) STATISTICAL FILE:

a) Total number read	239
b) Total number of responses	225
c) Total number of "no response"	14*

(*NOTE: 14 did not respond as they were not of E.D.D.H. status until March 1988 and therefore did not complete the license renewal form as an EO).

ii) EMPLOYMENT STATUS

a) Total number employed full-time	93 or 41.3%
b) Total number employed part-time	122 or 54.2%
c) Total number employed	215 or 95.5%
d) Total number voluntarily unemployed	9 or 4.0%
e) Total number employed part-time but seeking further employment as an E.D.D.H.	1 or .4%

iii) EMPLOYMENT DISTRIBUTION:

a) Total number employed 4 or more days/week	143 or 63.5%
b) Total number employed 4 days/week	50 or 22.2%
c) Total number employed 3 days/week	32 or 14.2%
d) Total number employed 2 days/week	28 or 12.4%
e) Total number employed 1 day/week	10 or 4.4%

iv) AVERAGE NUMBER OF DAYS/WEEK EXPANDED DUTIES ARE PERFORMED

- a) Of those employed full-time — 1.6 days/week
- b) Of those employed part-time — 1.4 days/week

TOTAL NUMBER OF LICENSED DENTISTS AND LICENSED DENTAL HYGIENISTS

AS OF APRIL 30	DENTISTS	DENTAL HYGIENISTS
1976	3,878	703
1977	4,170	1,003
1978	4,218	1,278
1979	4,410	1,476
1980	4,540	1,676
1981	4,626	1,853
1982	4,808	2,041
1983	5,015	2,153
1984	5,168	2,386
1985	5,327	2,567
1986	5,425	2,789
1987	5,223	2,686

AS OF DECEMBER 31, 1987	5,498*	2,996**
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* Includes 314 residing outside of Ontario

** Includes 166 residing outside of Ontario

AS OF OCTOBER 12, 1988	5,574***	3,269****
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*** Includes 171 residing outside of Ontario

**** Includes 154 residing outside of Ontario

Task Force on Dental Hygiene Transition

REPORT OF THE TASK FORCE ON DENTAL HYGIENE TRANSITION

Chair: M. Harding

Committee Members: R. Donaldson, G.E. Pitkin, D.D.S., W.H. Treleaven, D.D.S., G. Nikiforuk, D.D.S. (ex officio)

SUMMARY OF KEY POINTS FROM INTERIM REPORT

An interim report was received and adopted by Council at the November 1987 meeting. Two key principles were accepted:

1. That the RCDS has a moral obligation to provide appropriate and necessary assistance in the event of the establishment of a new dental hygiene governing body, although there is no specific, legally enforceable contract with hygienists regarding the type and level of assistance that may be provided.

The commitment to assist in the establishment of a separate dental hygiene governing body, first given by the 1974 Council, was renewed by the 1987 Council.

2. By virtue of contribution and participation over approximately 36 years, hygienists have built-up a vested interest in the assets of the RCDS.

The College does not utilize unit cost accounting thus empirically determining the relative value of contributions made by hygienists compared to the cost of administering hygiene proved impossible. The Task Force reported that in the absence of empirical data, it would be necessary to make a large number of subjective assumptions regarding an appropriate apportionment of assets held by the RCDS.

To assist Council, an analysis of surpluses and deficits accruing to dentists and hygienists, assuming contributions equaled costs over the period of the analysis, was presented. This was received by Council for information. It was recommended and accepted that the specific level and financial and/or material value of that interest will be determined on the basis of guidelines established by Council. In establishing such guidelines, it was recommended that Council ensure that:

- * resources essential to the governance of dental hygiene, and the effective administration of health disciplines legislation in effect at the transfer date, are transferred;
- * the type and amount of resources shared and/or transferred are sufficient to assist in the proper establishment of the dental hygiene governing body; and
- * the apportionment of resources is fair and equitable to both hygienists and dentists.

Decisions Made: Council voted to transfer several essential data bases and computer software dealing with, for example, the register of dental hygienists, the history of dental hygiene within the College and the administration of the *Health Disciplines Act*. In addition, Council:

- * approved 'in principle' the imposition of a special two-year levy on dental hygiene fees to be held in a special interest-bearing fund for the purposes of establishing a

financial base for the new dental hygiene governing body;

- * referred the review of continuing education mechanisms and opportunities and the development of a public education programme regarding the transfer of governance and concomitant changes in the administration and regulation of dentistry, to the Education and Dental Hygiene Matters Committees;
- * referred determination of the effects of the transfer of governance on staffing patterns to the organizational review consultants and Steering Committee;
- * referred the determination of additional risk, if any, to dentists' liability and the determination of possible changes, if any, to the RCDS professional liability coverage upon resolution of the scope of practice discussions to the Professional Liability Insurance Committee.

MATTERS REVIEWED SUBSEQUENT TO THE LAST MEETING

Post Transition Dental Hygiene Official Observer Status and Liaison

The Task Force concurs with Council that as long as the RCDS governs dental hygiene, the inclusion of Dental Hygiene Official Observers on RCDS Council is a valuable and essential practice. The Task Force believes that if the governance of dental hygiene is not transferred in the near future, Council should not only retain the DHOOs, but reconsider the issue of voting status for DHOOs.

However, with the transfer of governance of dental hygiene to a new governing body, the *existing* rationale for inclusion of Dental Hygiene Official Observers on the RCDS Council, as well as the maintenance of a special Dental Hygiene Matters Committee is significantly diminished.

The Task Force discussed the pros and cons of retaining a Dental Hygiene Observer on the RCDS Council and including a Dental Observer on the Council of the dental hygiene governing body. The Task Force concluded that an exchange of observers on the respective Councils is unlikely to be acceptable to either party. Thus, following the transfer of governance, the RCDS DHOO positions should be deleted from Council. As the DHOO position was established by resolution of Council and not the *Health Disciplines Act*, this requires neither statutory nor regulatory amendment.

Similarly, following the transfer of governance, it is unlikely that a *separate* Dental Hygiene Matters Committee will be required. This does not mean that the RCDS will no longer have to deal with dental hygiene matters, simply that the volume of such analyses or issues are not likely to warrant maintenance of a separate committee.

Council reviewed and adopted the following resolutions:

1. THAT the positions of Dental Hygiene Official Observers and the Dental Hygiene Matters Committee be retained on Council pending establishment of a separate dental hygiene governing body;

2. THAT the positions of Dental Hygiene Official Observers on the RCDS Council and the Dental Hygiene Matters Committee be discontinued at an appropriate date subsequent to the transfer of dental hygiene governance; and
3. THAT following the transfer of dental hygiene governance, Council establish liaison between the RCDS and the dental hygiene governing body at the Executive Committee and Registrar levels.

In determining the appropriate date on which to discontinue the DHOO positions, Council agreed to take into account the time necessary to wind-up and transmit, as appropriate, whatever work is in progress by the DHOOs and DHMC at the time of transfer. Furthermore, prior to disbanding the DHMC, Council will review its mandate and activities to determine which responsibilities or activities, if any, should be continued at the RCDS and transferred to another appropriate committee.

Election Options for Dental Hygiene Official Observers

Dental Hygiene Official Observers (DHOOs) are currently elected to serve two-year terms on the RCDS Council. The term of office of the current DHOOs expire in December 1988. The Task Force concluded that it was likely that the 1988-1990 term of office of the RCDS DHOOs would be interrupted by the establishment and implementation of the new dental hygiene governing body. Thus the Task Force discussed how this would effect the RCDS and what, if any, changes could or should be made to the process of identifying DHOOs for the 1988-1990 term.

As the existing Health Disciplines Act is mute on the matter of Dental Hygiene Observers, the RCDS has the right and opportunity to implement whatever identification system it deems best or most desirable. However, the Ontario Dental Hygienists' Association had indicated that anything other than the holding of elections per normal may be viewed as undemocratic by the larger dental hygiene community. Thus the Task Force recommended, and Council concurred that elections for the two Dental Hygiene Official Observers positions on Council would be held as per usual practice in December 1988 to identify individuals to serve for the 1988-1990 term of office.

DHGB Transitional Council

The Task Force also discussed the possibilities for, and advantages and disadvantages of, a "DHGB Transitional Council".

As there was insufficient information on the Government's thinking with respect to a Transitional Council for dental hygiene, the Task Force made no recommendation to Council on whether or not a Transitional Council should be established for the DHGB. However, should such a Council be proposed by the government, and if the RCDS is consulted on the matter, the Task Force recommended that Council be prepared to express support for a specific identification procedure, namely, that members be *elected* and the election be conducted by the Government; and/or fifty per cent of the members be elected

per the above procedure, and fifty per cent be appointed by government.

The Task Force made no recommendation regarding the role that RCDS Dental Hygiene Official Observers could or should play in the establishment of the dental hygiene governing body.

Complaints and Discipline Effects:

The Task Force determined that the transfer of governance of dental hygiene will effect both the administrative activities and jurisdiction of the RCDS in the areas of complaints and discipline.

Administrative activities effected relate primarily to complaints and discipline practices and procedures. A number of issues and concerns were discussed; all appear to be resolvable with forethought and timely RCDS action.

- *Identifying the right governing body:*

It will be necessary to carefully differentiate between dentist-related and hygienist-related complaints and to educate staff, Complaints Committee members and the public regarding appropriate procedural changes. This problem may be mitigated by the development of an appropriate public education campaign. (This matter has already been referred to the Education and Dental Hygiene Matters Committees).

- *Information Access and Sharing:*

After examining the issues, the Task Force concluded that both the RCDS and DHGB will be under some obligation to inform the other governing body of potential misconduct on the part of their members if such is indicated in the investigation of a complaint or a quality assurance inspection. It will thus be necessary to provide mechanisms for information-sharing among the two governing bodies while protecting the principle of confidentiality of patient records and the privacy of the practitioner.

Given that dental hygiene records are currently integral parts of the patients' general dental records, which is the property of the dentist, access to and use of such records will be of particular concern to dentists. The Task Force rejected, as impractical, the notion that hygienists should keep separate records. Since the articulation of investigative powers in the Health Disciplines Act is fairly limited unless Section 43(b) is used, it appeared necessary to develop special protocols for acquiring and using dental records for hygiene quality assurance, complaints and disciplinary activities and enshrine them in amended legislation or regulations.

The Task Force recommended and Council concurred:

4. THAT Council take the position that, if following an inspection or investigation by either governing body, problems are identified in the practice or conduct of a dentist or dental hygienist, such problems be brought to the attention of the other governing body.

5. THAT Council instruct the Legal and Legislation Committee to ensure, when reviewing draft revised statutes and regulations, that there be no legislative or regulatory impediment to the sharing of appropriate information between the RCDS and DHGB.
6. AND THAT Council ensure a full review of the issues involved in information exchange or sharing between the RCDS and DHGB and that appropriate protocols or procedures be developed for inclusion in revised legislation and/or regulations.

- *Apportioning Culpability:*

Concern was expressed regarding the mechanisms by which liability or blame may be determined in complaints and disciplinary procedures. The Task Force believed that any DHGB complaints action against a hygienist *may* initiate a RCDS complaints review from the perspective of "counselling" an employee to commit an illegal act or failing to supervise acts performed until the issue of culpability is resolved. This is likely to involve some cost to the College and/or the dentist involved.

The Task Force, therefore, recommended and Council agreed to refer the issues of (1) determining how any DHGB complaints action against a hygienist may effect the employing dentist until the issue of culpability is resolved, and (2) apportioning culpability and resulting costs, to the Complaints and Legal and Legislation Committees for review, with a report to Council prior to the finalization of relevant new legislation.

- *Complaints Procedures:*

The Task Force reviewed several options for dealing with complaints and discipline procedures. It concluded that a separate complaints and discipline hearing process was the most likely model to be used in the revised legislation and that this model best respected the concept of self-government and peer review.

Concern was expressed, however, regarding the possible inequities that may arise if discipline procedures, wherein a dentist and dental hygienist are charged on the same facts, result in different verdicts. The Task Force thus recommended that, at some time in the future prior to the transfer, the Legal and Legislation Committee consider the judicial and procedural issues involved in a dentist and dental hygienist being charged on the same facts in separate discipline hearings and bring forward to Council a recommendation regarding a possible position.

- *Equity of Treatment and Peer Review:*

The Task Force recognized that the current situation faced by dental hygienists was inequitable and did not adequately respect the principle of peer review. The Task Force believed that dental hygiene disciplinary procedures would be more equitable if:

- (1) They occurred at the level of a properly constituted discipline committee, not at the level of Council per the current situation;
- (2) a range of penalties similar to that established for dentists were available; and
- (3) the disciplinary committee included dental hygienists with voice and vote.

The Task Force recommended, and Council agreed to continue to advocate, that authority to conduct disciplinary procedures for dental hygienists be transferred to a discipline committee which includes dental hygienists as voting members and that the range of penalties prescribed for dental hygienists be expanded to reflect that available for dentists.

Council also agreed that, if the transfer of governance of dental hygiene is significantly delayed, Council would seek legislative change for the above recommendations.

- *General:*

The Task Force recognized the complexity of issues involved in the administration of complaints and disciplinary procedures and the volume of information that must be mastered by staff and Committee members. It believes that both the RCDS and the DHGB would benefit significantly from the development and publication of manuals on complaints and discipline procedures and practices. The Task Force, therefore, recommended that Council ensure that manuals on the administration of complaints and discipline procedures, hearings, etc., be developed and that such manuals be provided to Committee members and RCDS staff, and shared with the DHGB. Council concurred.

Special Levy on Hygiene Fees For the DHGB

The Task Force gave considerable time to discussing the desirability and feasibility of a special levy to assist in the proper creation of the DHGB.

It noted that a key government policy underlying the creation of new governing bodies is that such bodies be financially self-sufficient within a reasonable period. Given the lead-time available for the creation of the DHGB and the ability to identify future members, the Task Force recommended, and Council approved in principle, that a special levy on dental hygiene license fees be made and that the funds from such levy be earmarked and invested for the DHGB. It was thus recommended and approved by Council:

7. THAT, contingent upon the request of the Ontario Dental Hygienists' Association, Council immediately petition the provincial government for a change to the regulations of the *Health Disciplines Act* to increase the license fees for dental hygienists by \$40.00 for the years 1989 and 1990 only, for the purposes of accumulating financial resources for the establishment of the dental hygiene governing body.

Note: The ODHA "Request" was received May 8, 1988.

8. THAT, should a special levy be approved and secured for the purposes of creating a DHGB, Council direct that no administrative or other charges for handling or managing such funds be made and that no deductions be made for other purposes save and except for applicable government taxes.

• *Administration of the Special DHGB Levy:*

The following resolution was passed by Council:

THAT, Council approve the following declaration:

Declaration

WHEREAS The Royal College of Dental Surgeons of Ontario is a body corporate incorporated by a special act of the Ontario Legislature (the "College");

AND WHEREAS the College presently licenses dental hygienists in Ontario;

AND WHEREAS the Government of Ontario has announced its intention to establish a new governing body to provide self-government to dental hygienists in Ontario (the "Governing Body");

AND WHEREAS the College proposes to collect from each dental hygienist applying for licensure in Ontario in each of the calendar years 1989 and 1990 a special levy of Forty (\$40.00) Dollars for each of those years in addition to the normal licensing fees for each of those years;

AND WHEREAS pursuant to S.23(2)(b) of the *Health Disciplines Act*, R.S.O. 1980, c.196, as amended, the Council of the College has as part of its composition persons appointed by the Lieutenant Governor in Council (the "Public Members");

NOW WITNESS THIS DECLARATION THAT:

1. The College shall collect a special levy of Forty (\$40.00) Dollars for each of the calendar years 1989 and 1990 from each dental hygienist applying for licensure from the College for each of those years.
2. The College shall hold in a segregate fund the aggregate amount collected by way of such special levy as well as all income generated thereby on the terms herein provided (the "Fund", which term shall include the balance of monies remaining from time to time).
3. The College shall keep the Fund invested and shall add the income generated by such Fund to such Fund until the Governing Body is estab-

lished by the Government of Ontario to provide self-government to dental hygienists in Ontario at which time the Fund shall be transferred by the College to such Governing Body to assist it in carrying out its purposes; provided that if the Governing Body has not been established by the Ontario Government by December 31, 1992, then the obligation of the College to transfer the Fund to any such Governing Body shall cease.

4. In the event that the Governing Body has not been established by the Ontario Government by December 31, 1992, the Fund shall be applied as the majority of the Public Members of the Council of the College may decide, from time to time, either 1) to reduce the licensing fees payable by dental hygienists in Ontario over the four-year period commencing with the fees for the calendar year of 1993 or 2) to support continuing education for dental hygienists in Ontario or part for one purpose and part to the other as such majority may from time to time determine provided that in the event that Public Members of the Council of the College cease to exist generally, then the decisions with respect to the application of the Fund for the purposes set out herein shall be made by the Council of the College which shall have all the discretions herein provided to the Public Members.
5. Notwithstanding anything contained herein, should the Governing Body be established after December 31, 1992, and at a time when there remains monies in the Fund, the College shall discharge or reserve for all liabilities relating to such Fund and transfer the balance of such Fund to the Governing Body.
6. The College shall invest the amounts in such Fund from time to time in those types of investments authorized for trustees by the *Trustees Act*, R.S.O. 1980, c.512.
7. The College hereby delegates to the Public Members of its Council the powers set out herein to apply the Fund in certain circumstances and in the manner and for the purposes set out herein and shall ratify, if necessary, any such decisions.
8. The receipt of the proper officers of the Governing Body acknowledging transfer of the Fund shall be an adequate and full discharge to the College of all its obligations hereunder.
9. If any taxes are payable on the income generated by the Fund, such taxes shall be paid out of such Fund and the net after tax income shall be added to the Fund.
10. This Declaration shall be binding upon the College, its successors and assigns.

Financial Payment and In-Kind Assistance to the DHGB:

- *Financial Payment:*

The Task Force also dedicated considerable effort to designing a method to determine a fair apportionment of RCDS financial assets accruing to dental hygienists. Unfortunately, such effort was unsuccessful.

At the November Council meeting, a financial analysis conducted by an independent consultant was presented to Council for its information. The analysis showed the accumulated deficit and surplus of financial resources accruing to dentists and hygienists assuming that the proportional distribution of contribution equals the proportional distribution of costs over a 10 year period; that is, that periodic excesses of costs over contribution on the part of either dentists or hygienists over the 10 year period average out to zero. The Task Force was unable to agree on whether or not to accept or reject the analysis as a basis for determining an apportionment of financial resources among dentists and hygienists. Therefore, the Task Force *made no recommendation on the application of the financial analysis*. The weight or credibility accorded the analysis was left to the discretion of Council as a whole.

Nevertheless, the Task Force made the following recommendations, adopted by Council, for a one-time financial payment to the DHGB:

9. THAT, in addition to all accumulated funds derived from the special levy, information resources previously approved and in-kind services which are given free and clear to the DHGB, the RCDS make a one-time payment, in 1988, of \$50,000.00 to the DHGB; and

THAT such funds be segregated and invested in interest bearing securities; and further

THAT the interest accruing from such investment be added to the capital sum of \$50,000.00 at the transfer date.

10. THAT these monies continue to be segregated until transferred to the DHGB which transference shall occur as soon as practicable after the transfer of responsibility for the governance of dental hygienists from the RCDS to the DHGB so long as the DHGB is established before December 31, 1992; and further

THAT in the event the DHGB is not established before December 31, 1992, the monies shall be desegregated and deposited in the General Revenue Fund of the RCDS.

- *In-Kind Assistance:*

The Task Force concluded that the DHGB will require some assistance from the RCDS, in the form of staff expertise and knowledge, in establishing procedures and orienting staff to administer the Act.

The Task Force, therefore, recommended that Council establish a policy of openness and co-operation with respect to the sharing of staff expertise. However, as the amount of staff time that will be required was unknown, and would depend on the preparations made by the Ministry of Health/Government of Ontario, Council agreed:

11. THAT Council, on request of the DHGB, second an appropriate staff resource person on a full-time basis for a period of one month to assist in the orientation of DHGB staff with respect to administering the health discipline legislation in effect at the time of the transfer of governance; and

THAT Council authorize the Registrar, upon request of the DHGB, to allocate an appropriate number of hours of staff time per week to assist in the establishment of DHGB systems and procedures on an "as needed" basis, and that such staff be released from other RCDS duties while on assignment.

Transfer Schedule and Transition Period

In attempting to determine an appropriate transfer schedule, the Task Force reviewed the timing associated with accounting, license renewals and other administrative processes. It recommended, and Council concurred,

12. THAT Council petition the government to establish January 1st as the date on which the governance of dental hygiene is transferred from the RCDS to the Dental Hygiene Governing Body.

This implies that the statute enacting the Dental Hygiene Governing Body will take full effect on January 1st of the appropriate year. This would not preclude the prior development of a DHGB Council, the hiring of staff, or the initiation of transfer activities. Rather, it establishes a date on which the final transfer of governance will take place. Council also adopted the recommendation that it advocate and facilitate the identification and orientation of a DHGB Council and the hiring of core staff prior to the final transfer date and authorize the Registrar to initiate the transfer of administrative information as soon as is feasible.

The establishment of a January 1st Transfer Date also means that the RCDS will probably retain responsibility for sending out dental hygiene license fee renewal notices and collecting payments for the forthcoming year. It was thus necessary for the College to segregate dental hygiene license payments from other revenues received and to account separately for them preparatory for transferring dental hygiene revenues. Council adopted the following resolutions:

13. a) THAT upon establishment of the calendar year for the transfer to the DHGB of the responsibility for governing dental hygienists, the Council segregate and maintain separate accounts respecting the license fees obtained by the College from licensed dental

hygienists for the calendar year; and

- b) THAT a maximum of 10% (ten per cent) of the capital sum collected from licensed dental hygienists for that calendar year be desegregated and released to the College to reimburse it for administration and handling costs; and
 - c) THAT 1/12 (one twelfth) of the remainder of the capital sum collected from the licensed dental hygienists for that calendar year be desegregated and released to the College for each month or part thereof in that calendar year for which the College continues to be responsible for dental hygienists; and further
 - d) THAT the capital balance of said sum be transferred to the DHGB as soon as practicable after the transference of the responsibility for governing dental hygienists from the College to the DHGB.
14. THAT the RCDS arrange for the preparation and submission of an audited financial statement regarding dental hygiene license fees collected and

transferred to the DHGB and that the cost of such audit be funded from the 10% administrative fees charged.

Council also needed to be cognizant that a transition period of at least three months will be required to finalize outstanding accounts and, if any, complaints and discipline procedures, and should plan appropriately for such activities. Particular attention should be paid to the possible work load of staff involved.

FUTURE OF TASK FORCE

With the adoption of this report, Council also authorized the Task Force on Dental Hygiene Transition to go into abeyance until an appropriate point in the future as determined by need.

ACKNOWLEDGEMENT

Finally, on behalf of Council, I would like to express appreciation to the members of the Task Force, Linda Strevens and Julie Wilkin for their unflinching co-operation and assistance in fulfilling the mandate given by Council. I would also like to thank Mr. E. Bale, Dr. K. Pownall, Mr. A. Bromstein, the ODHA and the ODA for their assistance.



R. Donaldson



M. Harding (Chair), G. Pitkin, G. Nikiforuk (President)



W. Treleaven

Education

REPORT OF THE EDUCATION COMMITTEE

Chair: E. Luks, D.D.S.

Committee Members: M. Harding, W. Hilliard, D.D.S.,
L.L. Mickelson, G. Nikiforuk, D.D.S. (ex officio)

FUNCTIONS OF THE COMMITTEE

The Education Committee oversees the educational functions of the College. As defined in Section 21(2)b of the Health Disciplines Act, one of the objects of the College is to establish, maintain and develop standards of knowledge and skill among its members. This function has been granted to the Education Committee.

The general areas of interest of this Committee are:

1. To provide continuing education programmes for dentists and dental hygienists.
2. To study and implement methods in which the College can keep its members and dental hygienists better informed of current standards of practice: e.g. Dentaguide, videotape library, publications, etc.
3. To monitor the needs and demands of the profession for continuing education and to investigate the most effective methods of providing this information to the dentists and dental hygienists of Ontario.
4. To promote dental health through public education.

CONTINUING EDUCATION

The Education Committee has recommended and received Council approval to provide seed money in the amount of \$20,000, to assist the Continuing Education Division of the Faculty of Dentistry, University of Toronto, to establish a comprehensive hands on continuing education program as proposed by Mai Pohlak, Dip. Dent. Hygiene, M.Ed., Co-ordinator, Continuing Dental Education.

The Proposal for a Comprehensive Dentistry Program at the Faculty of Dentistry, University of Toronto

Postdoctoral course of study in Comprehensive Dentistry/Advanced General Dentistry: This two year course in comprehensive dentistry is designed to provide the general practitioner with an organized and structured educational program of dental sciences and technology. Classes consist of lectures, demonstrations, participation and in-office projects. The classes meet approximately one weekend each month. The course curriculum parallels the requirements for mastership in the Academy of General Dentistry. A certificate of completion will be awarded each candidate that meets all the requirements of the curriculum.

Format of the Program

The scheduling allows the participant to complete the program within a minimum of two years.

The classes are scheduled on selected Fridays, Saturdays and Sundays, approximately once a month.

The course includes:

Occlusion	72
Operative Dentistry	72
Periodontics	72
Fixed Prosthodontics	72
Removable Prosthodontics	72
Basic Sciences	66
Radiology & Oral Diagnosis	16
Practice Management	16
Paediatric Dentistry	24
Endodontics	24
Oral Surgery	24
Orthodontics	24
Interdisciplinary Modules	48
Total	602

The meetings are scheduled at the Faculty of Dentistry, University of Toronto. Presentations will be conducted by the Faculty and staff from the University of Toronto, as well as, visiting instructors and clinicians.

Aim

The program will allow the general practitioners to function effectively in the role of primary provider of dental care while adapting changing technology and current biomedical knowledge to the widest range of patients' needs.

The intent of the program is to provide experiences that will add breadth not only depth to certain present skills or abilities.

The experiences should include:

- problem solving and critical judgement abilities
- interpretation of research — if possible — participation in research
- integration of quality assessment systems into clinical practice
- assessment and application of new medical and dental technology
- understanding of the full range of potential roles within the dental profession through contact with medical and dental personnel serving as role models.

Why do we need this program?

Eighty-five percent of Ontario dentists practise as generalists. They are the first contact for the patient and provide comprehensive general dental services and refer when appropriate to specialists.

No dentist practises the same as five years ago. Adapting changing technology to the widest range of patient needs can be facilitated by a structured postdoctoral program. Current advances in dental and medical research as well as clinical technology can be made available to the graduate dentist who in turn can share practical experiences with faculty and other members of the class. A dedication to lifelong learning can be fostered better at the advanced education level as the graduate dentist sees that a continual change in the knowledge base and technology provides the opportunity to care better for the myriad of clinical problems that patients present.

Thus, the Faculty of Dentistry can provide a meeting ground both physical and intellectual where current practices are probed, research critiqued, new technologies learned, applied and assessed, and problem cases evaluated. The responsibility of the Faculty is to provide the general dentist with experiences that will broaden the scope of practice.

This type of program will have additional appeal and incentive to the 750 dentists in Ontario who are members of the A.G.D. Since the proposed curriculum parallels the requirements for Mastership or Fellowship Award in the Academy of General Dentistry, the members will welcome a structured comprehensive course in dentistry leading them towards their personal goals. Postdoctoral and postgraduate courses available are in specialties. Presently, the only postdoctoral courses designed for generalists are offered as continuing dental education short courses. Although, often excellent in themselves, the learner is left to deal with the new information in isolation and will not have further interaction with the course presenter.

Much has been written and discussed in relation to continued competency of a professional. Lifelong education as a vehicle to continued competence and quality assurance is considered to be the essence of professionalism.

Professionals need access to advanced and continuing education programs in order to maintain and raise their confidence and ability in caring for their patients.

The Faculty of Dentistry has the resources needed for mounting a Comprehensive Dentistry Program for general practitioners for the purposes of continued competency.

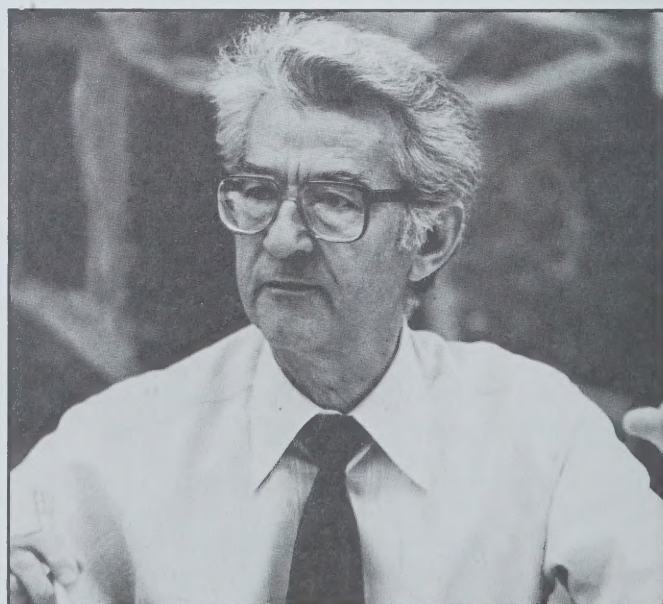
COMMITTEE WORK IN PROGRESS

Under the leadership of Ms. Michele Harding, the College will undertake a pilot project of Audio Teleconferencing as a continuing education medium. It is proposed that such will solve some of the problems associated with conventional on-site conferences. The difficulty of leaving one's practice, making arrangements for patients, lost revenue, and down time costs are only some of the factors that have inhibited keeping professionals updated on an ongoing basis.

Utilizing manpower from the RCDS Continuing Education Speaker's list and expertise and training from the Northern Ontario Teleconferencing Network, we expect to make available three programs in the new year to dentists and dental hygienists in Northern Ontario. The success of this initial pilot project will determine if the concept is to be continued. More information will be available in the near future regarding dates, topics and registration.



E. Luks (Chair)



G. Nikiforuk

Finance & Property

REPORT OF THE FINANCE & PROPERTY COMMITTEE

Chair: W.H. Treleaven, D.D.S.

Committee Members: R. Donaldson, Z.M. Dossett, R.T. Lang, D.D.S., T. Gordon White, D.D.S., G. Nikiforuk, D.D.S. (ex officio)

GENERAL COMMENTS

The Finance and Property Committee met prior to the April meeting of Council to set an interim budget for 1989. This interim budget must be established so far in advance of 1989 because if it is determined that an increase in the annual fee for dentists and dental hygienists is required, then the request to government to have a regulation amendment must be submitted in May. A final budget is presented to Council at the November meeting and is a more accurate forecast of events as it is based on more recent facts.

The final budget (as appended) was approved.

Other matters considered by the Committee included:

- (1) agreement with a recommendation to Council from the Education Committee to appropriate \$20,000.00 for use in the development of a comprehensive dentistry program in conjunction with the Continuing Education branch of the Faculty of Dentistry, University of Toronto.
- (2) a review of the staff benefits package.
- (3) the establishment of a trust fund for the proposed College of Dental Hygienists.
- (4) consideration of a partial refund for non-risk members of a portion of the professional liability insurance premium. It was noted that this would not affect the general fund as any refund would come from the liability funds.
- (5) considerable discussion took place throughout the year with regard to the possible purchase of new office space in or around Toronto. When the ODA informed the College of their willingness to sell their property on St. George Street, the Committee agreed that the purchase would be worthwhile and further would recommend to Council that they seriously consider the matter (see the Executive Committee report for additional information).
- (6) the purchase of the O.D.A. building at 234 St. George Street by the R.C.D.S. has been concluded.

APPRECIATION

I would like to thank the members of the Finance and Property committee for their work and support during the past term; and also the staff, Drs. Pownall, Fox, Ellis and Miss. M. Stevenson.

INCOME

A. Dentists 5675 @ 910.00	5,164,250.00
Dentists Registration 200 @ 100.00	20,000.00

Less Portion to P.L.I.	3,263,125.00
	<u>1,921,125.00</u>
B. Hygienists 3300 @ 150.00	495,000.00
Hygiene Registration 200 @ 25.00	5,000.00
Less portion to set-up fund	<u>132,000.00</u>
	<u>368,000.00</u>
C. Examination Fees	75,000.00
Income from Dental Hygiene Exams	
D. Interest	75,000.00
Interest rates are higher than previous year	
E. Sundry	12,000.00
F. Continuing Education	—
G. P.L.I.	320,000.00
Details:	
Salaries & Charges	210,000.00
Telephone	5,000.00
Equipment	59,500.00
Mail, courier, printing, supplies	12,000.00
Rent	<u>33,500.00</u>
	<u>320,000.00</u>

EXPENSES

H. Staff Salaries and Charges	1,067,000.00
This represents an increase of approximately 5% for support staff and 4% for professional staff. All staff salaries were reviewed and merit increases and adjustments were made in some cases.	
I. Postage & Courier	130,000.00
Slight increase in mailings is anticipated as costs are increasing.	
J. Printing Stat. & Supplies	150,000.00
Not increased due to anticipated move by P.L.I.	
K. Telephone	20,000.00
Do not anticipate any new phone purchases.	
L. Equipment	140,000.00
This amount represents leases and maintenance; mail, equipment, photo equipment, typewriters, purchase of new computer system for P.L.I.	
M. Property	102,200.00
N. Staff Travel & Training	63,000.00
Includes staff travel and expenses for courses as well as inspections of offices, etc.	
O. Examinations	100,000.00
Cost of administering Dental Hygiene examinations.	
P. Honoraria	275,000.00
Reflects proposed increase in fees paid to Council members for attending meetings.	
Q. Continuing Education	95,000.00
Reflects proposed increase in fees to clinicians.	

R. Professional Fees	301,000.00
Legal	275,000.00
Audit	11,000.00
Consultant	15,000.00
S. Witness and Court Reporters	10,000.00
Fees paid to witnesses and reporter for Discipline Hearings.	
T. Council Insurance	3,000.00
Travel insurance for members of Council while on Council	

business.	
U. Council & Committee Expenses	100,000.00
Includes accommodation, meals, transportation, telephone calls, etc. while on College business.	
V. Grants	68,500.00
W. Administration Expense	25,000.00
X. Contingency Fund	50,000.00

COUNCIL MEMBERS HONORARIA & EXPENSES JANUARY 1, 1988

Name	Honoraria	Accom.	Transport. Milage	Food	Sundry Tips Park.	Telephone	Newsletter	Total
Beyers Richard M.	31,945.00	4,306.67	2,934.43	873.20	262.50	42.73	.00	40,364.54
Donaldson Rosemary	4,940.00	1,273.66	352.65	800.06	32.06	156.58	.00	7,555.01
Dunn Wesley J.	18,280.00	1,341.38	1,840.58	234.55	266.50	123.36	.00	22,086.37
Filion Richard L.	680.00	.00	256.30	.00	.00	.00	.00	936.30
Hilliard Warren	9,085.00	273.02	528.00	82.55	44.50	.00	.00	10,013.07
Lang Randy	11,035.00	.00	1,077.45	198.80	65.80	.00	.00	12,377.05
Luks Eric	12,590.00	.00	214.50	38.50	27.00	24.56	828.58	13,723.14
Mickelson Lynda	4,750.00	2,057.88	5,895.32	837.30	225.00	245.22	.00	14,010.72
Nikiforuk Gordon	69,987.53	978.48	1,764.94	2,749.54	107.75	16.60	.00	75,604.84
Pitkin Gary E.	24,048.33	415.80	896.61	283.31	160.12	344.04	928.68	27,076.89
Stakiw James E.	25,050.00	2,951.55	3,005.79	981.81	271.98	1.70	.00	32,262.83
Treleaven Willard H.	33,503.50	4,044.49	5,612.50	1,155.46	362.88	574.13	.00	45,252.96
White George C.	8,145.00	1,202.25	584.76	137.61	60.00	.00	.00	10,129.62
White T. Gordon	22,717.48	2,864.24	8,318.69	522.52	45.51	348.14	.00	34,816.58
	276,756.84	21,709.42	33,282.52	8,895.21	1,921.11	1,877.06	1,767.75	346,209.91
Dossett Zita	1,750.00	1,089.90	693.50	349.35	124.98	.00	.00	4,007.73
Harding Michele	2,468.75	.00	226.05	.00	.00	.00	.00	2,694.80
Sutherland Ross	2,000.00	.00	61.76	.00	.00	.00	.00	2,061.76
Swadron Eunice	2,937.50	.00	383.60	.00	15.00	.00	.00	3,336.10
Thomas Rondo	5,750.00	179.10	1,424.16	.00	28.00	.00	.00	7,381.26
	14,906.25	1,269.00	2,789.07	349.35	167.98	.00	.00	19,481.65

NOTE: The Honoraria breakdown is:

President — \$875/day
Chairs — \$710/day
Members — \$590/day

Some committees require more meetings and time than others. The public representatives are reimbursed by the government at \$125/day regardless of the position held on a committee. Copies of the Council's honoraria and expenses for the last five years are available on request by members of the R.C.D.S.

INCOME & EXPENSES 1988

	Actual 1987	Budget 1988	Budget 1989	Actual Sept.30 1988
INCOME				
A. Fees & Reg. — Dentists	4,147,360	4,963,750	5,184,250	4,902,625
Less P.L.I. Premium	2,472,750	3,248,750	3,263,125	3,079,700
	1,674,610	1,715,000	1,921,125	1,822,925
B. Fees & Reg. Hygienists	337,848	346,000	500,000	369,174
Less set-up fund			(132,000)	
C. Dental Hygienists Exams & Assessment Fees	52,936	50,000	75,000	60,175
D. Interest	149,119	65,000	75,000	53,260
E. Sundry	15,885	12,000	12,000	15,059
F. Cont. Education	23,070	—	—	—
G. Admin. Charge — P.L.I.	80,000	117,000	320,000	117,000
	2,333,468	2,305,000	2,771,125	2,437,593
EXPENSES				
H. Salaries & Charges	749,568	911,000	1,067,900	705,814
I. Postage & Courier	100,701	107,000	130,000	81,485
J. Print. Stat. & Supp.	168,356	150,000	150,000	99,417
K. Telephone	27,894	30,000	20,000	9,977
L. Equipment	101,128	70,000	140,000	78,758
M. Property	60,354	68,300	102,200	44,506
N. Staff Travel & Training	53,936	60,000	63,000	38,204
O. Examinations Hygienists	65,252	50,000	100,000	102,542
P. Council Fees	259,647	250,000	275,000	191,209
Q. Cont. Education	57,621	70,000	95,000	35,389
R. Professional Fees — Legal	271,306	200,000	275,000	181,297
— Audit	9,780	10,000	11,000	9,100
— Consult.	—	5,000	15,000	60,000
S. Witness & Court Rep. Fees	16,066	10,000	10,000	6,394
T. Council Insurance	3,004	3,000	3,000	3,004
U. Council & Comm. Exp.	115,362	90,000	100,000	42,256
V. Grants	64,697	67,500	68,500	66,434
W. Admin. Expenses	55,200	50,000	25,000	8,318
X. Contingency Fund	—	50,000	50,000	50,000*
	2,179,872	2,251,800	2,700,600	1,814,104
Surplus or (Deficit)	153,596	53,200	70,525	623,489

* RCDS contribution to the Dental Hygiene Governing Body

PROPERTY	Actual 1987	Budget 1988	Budget 1989	Actual Sept.30 1988
Caretaking	8,245	8,700	9,000	5,600
Insurance	4,677	5,000	5,500	4,865
Taxes	14,967	16,000	16,000	15,485
Renovations	4,183	10,000	10,000	—
Utilities	10,710	14,000	14,000	8,753
Laundry	390	500	500	324
Window Cleaning	860	1,500	1,000	520
Gardening	746	600	700	698
Snow Removal	285	800	800	420
Fire Extinguishers	—	200	200	—
Cleaning Supplies	3,239	3,000	3,000	2,546
Maintenance & Repairs	11,788	8,000	8,000	5,295
Rent (PLI office at 425 University Ave.)	—	—	33,500	—
	60,232	68,300	102,200	44,506

GRANTS	Actual 1987	Budget 1988	Budget 1989	Actual Sep.30 1988
Can. Dental Assoc.*	52,700	56,000	56,000	52,450
Can. Fund-Dent. Educ.	1,000	1,000	1,000	1,000
U of T. — RCDS Scholsp.-Sc.	250	250	500	250
U of T. Wilmott Scholsp.	750	750	750	750
U of T. Deans Discretionary	750	750	750	750
U of T. Faculty Contingency	1,000	1,000	1,000	1,000
U of T. Faculty Dental Res.	1,000	1,000	1,000	1,000
UWO RCDS Award in Sci.	250	250	500	250
UWO RCDS Scholarship	750	750	750	750
UWO Deans Discretionary Fd.	750	750	750	750
UWO Faculty Contingency	1,000	1,000	1,000	1,000
UWO Faculty Dental Res.	1,000	1,000	1,000	1,000
National Forum Lic. Authority	3,497	3,000	3,500	70
	64,697	67,500	68,500	61,020

* \$10. per licensed dentist as of March 31, 1989

COUNCIL FEES:	1988	1989		1988	1989
	\$	\$		\$	\$
PRESIDENT			DENTAL HYGIENE OBSERVER CHAIR		
Annual	16,175.00	16,825.00	Full day	315.00	330.00
Full day	875.00	920.00	Half day	160.00	170.00
Half day	440.00	460.00	Quarter day	80.00	85.00
Quarter day	220.00	230.00	DENTAL HYGIENE OBSERVERS		
COMMITTEE CHAIRS			Full day	190.00	200.00
Full day	710.00	740.00	Half day	100.00	100.00
Half day	360.00	370.00	Quarter day	50.00	50.00
Quarter day	180.00	185.00	AUTOMOBILE	0.33/km	0.33/km
OTHER DENTIST MEMBERS			MEALS		
Full day	590.00	615.00	Breakfast	10.00	10.00
Half day	300.00	310.00	Lunch	10.00	10.00
Quarter day	150.00	155.00	Dinner	30.00	30.00

General Purpose

REPORT OF THE GENERAL PURPOSE COMMITTEE

Chair: R. Lang, D.D.S.

Committee Members: R. Donaldson, Z.M. Dossett, W.R. Hilliard, D.D.S., W.H. Treleaven, D.D.S., G. Nikiforuk, D.D.S. (ex officio)

The General Purpose Committee is a new Committee formed during the previous Council. The Committee consists of one lay member, three dentists and one dental hygienist.

The function of the Committee is to study and make recommendations to Council on matters related to the following topics:

DENTAL IMPLANTS

The Committee has had input from numerous groups involved with dental implantology. Based on this input the Committee has revised the College's Guidelines on Dental Implants. These new guidelines have been distributed to all members.

ANAESTHESIA & SEDATION

The Committee has met on numerous occasions with members of the profession who are qualified to do Anaesthesia and Sedation. Based on their input, we are updating and revising the current Guidelines on Anaesthesia and Sedation. When completed, these will also be distributed to the profession.

DELIVERY OF DENTAL CARE TO PATIENTS IN INSTITUTIONS, PUBLIC HEALTH AND COLLECTIVE LIVING CENTRES

The Committee strongly supports continuing education programs in this area. It will also continue to dialogue with the Ministry of Health and the Ontario Society of Public Health Dentists when issues arise.

QUALITY ASSURANCE

As I am sure you are aware, a process of legislative review is currently underway at the provincial level preparatory to the drafting of new legislation governing the health professions.

Ongoing discussions between The Royal College of Dental Surgeons and the Ministry of Health concerning this legislation have revealed that all of the health professions will be required by statute to institute some form of regulatory quality assurance program.

The Committee has so far examined four possible components of a quality assurance program that would help insure a high standard of professional care:

1. The development of more "hands-on" clinical upgrading programs at the University of Toronto and the University of Western Ontario.
2. The development of a realistic and effective mandatory continuing education program.
3. Enhancement of the rule of the local dental societies in identifying, monitoring and assisting in correcting practice deficiencies.
4. Development of practitioner profile norms.

Although the final decision about the nature of any legislated quality assurance programs will be made by the Government, the RCDS and the profession as a whole now have an opportunity to provide input into the legislative process.

Accordingly, we are very interested to receive input from the profession concerning this issue. I am sure that the newly formed Quality Assurance Committee would welcome submissions from members of the profession informing it of their views on the issue. Local dental societies have already been formally asked to set up Quality Assurance Committees to formulate recommendations which will be considered in the process.

RCDS REPRESENTATION ON COUNCIL

Due to the very heavy workload carried by all the members of Council, coupled with the difficulty in staying in touch with the dentists across our large province, a request was made to the Minister of Health that our Council be increased by 3 dentists. The government has chosen to deny our request.

This is very unfortunate, for many districts would have benefited from having additional representation on Council.

Also, when the workload on Council becomes too onerous for the too few members of Council, many of our outstanding practitioners will refuse to run for office and both the public and the profession will suffer.

CONCLUSION

As Chair of the Committee, I would like to thank the members of my Committee, Dr. Jim Gillespie and Dr. Roger Ellis for their kind assistance and support.

I would also like to thank the many members of our profession who have taken the time to inform me of their views and concerns on the many topics under the consideration of the General Purpose Committee.

I encourage all members of our profession to let the College know your views on the subjects that are important to you. When decisions concerning our professional lives are about to be made, your input is extremely vital!

Legal & Legislation

REPORT OF THE LEGAL & LEGISLATION COMMITTEE

Chair: W.J. Dunn, D.D.S.

Committee Members: E. Luks, D.D.S., L. Mickelson, G. Nikiforuk, D.D.S. (ex officio), G.E. Pitkin, D.D.S., R. Sutherland, W.H. Treleaven, D.D.S.

The year 1988 was, for the Legal and Legislation Committee, the busiest and most productive in recent memory. Definitive actions were taken concerning:

- (a) final responses to the Health Professions Legislation Review,
- (b) the preparation of major amendments to the regulations necessitated by the need to have the regulations not proscribe alternate funding systems, but, at the same time, not prejudice dentists practising in the historic "fee for service" mode,
- (c) a complete re-draft of the College's bylaws, and
- (d) several other matters to be reported on below.

HEALTH PROFESSIONS LEGISLATION REVIEW

During the more than five years the Health Professions Legislation Review has been engaged in its task, the College has presented several carefully-prepared briefs and responses and has, through representatives, met with The Review on more than a few occasions to discuss a wide variety of issues and concerns. Although there continue to be significant areas of disagreement concerning The Review's proposals, these disagreements have at no time marred the mutually-respectful nature of the deliberations. The College has worked responsibly, conscientiously, and effectively with The Review and many of The Review's ultimate proposals are, in our judgment, the better for such co-operative dialogue. As an example: although the College continues to disagree philosophically with the "licensed acts" approach to professional regulation, the licensed acts for dentistry are themselves more than reasonably responsive to the College's recommendations.

At the time of preparing this report, The Review's recommendations had only recently been received by the Ministry of Health. Accordingly, what is not known is whether the report will be made public in order to provide an opportunity to make representations on it prior to the drafting, by the Ministry, of the Bill ultimately to be presented in the Legislature. If that procedure is not followed it will then be confidently expected that, after First Reading, the Bill will be sent to committee for an in-depth review. At that time, it is hoped that both written and verbal submissions will be invited.

In addition to the College's contentions with the scope of practice and licensed acts' principles, it has also expressed several other concerns including, open meetings of Council and the Discipline Committee, the establishment of another level of bureaucracy, the Health Professions Regulatory Advisory Council, the extended registration powers of the Health Disci-

plines Board, and the licensed act for denture therapy which encompasses both complete and partial removable dentures.

The College was concerned about early provisions in legislation proposed by the HPLR bearing on confidentiality which could have been construed as possibly preventing the sharing of information between itself and the College of Dental Hygienists. In addition, the Legal and Legislation Committee gave consideration to the judicial and procedural issues involved in a dentist and a dental hygienist being charged on the same facts in separate discipline proceedings. The dilemma is that dental hygienists need their own investigative and disciplinary powers, yet the dentist should not be subject to two investigations or the loss of records during the periods of investigation. The Review, in receiving submissions from the College, acknowledged the expressed concerns.

A decision by the District Court of Ontario invites the conclusion that the court is interpreting the common law such that a finding by the Discipline Committee of a failure by a member to maintain the standards of practice is now admissible evidence in civil proceedings. This would not have been possible prior to the enactment of the **Health Disciplines Act** in 1974. As the College had earlier requested the Health Professions Legislation Review for the segregation of the civil from the disciplinary/complaints' process a further submission was made. The Review responded positively to the College's concerns and has re-drafted the proposed legislation accordingly.

The College also expressed itself to the Review on the matter of the Statute of Limitations in the light of several court decisions which have had the effect of creating almost limitless limitation periods during which actions arising out of alleged malpractice can be brought against health care practitioners. It was recommended to the Health Professions Legislation Review that consideration be given to a "term definite" limitation period in the new health professions' regulatory statute. The Review advised that it was not addressing the issue because the Ministry of the Attorney General was currently studying the entire "limitation" field.

REGULATIONS

The Minister of Health made it clear that legal impediments to alternate funding systems for dental care services would not be permitted to exist. Accordingly, the Council had two alternatives. One was to disregard the Minister's position which would have enabled the Minister, pursuant to Section 3(2) of the **Health Disciplines Act**, to present, for the approval of the Lieutenant Governor in Council, such amendments to the regulations as she deemed necessary. The other alternative was for the College to be an active participant in the exercise in the hope of creating regulations fair to all members irrespective of the mode of funding of the services provided. The latter was the approach taken.

The Council, during its November 1988 meeting, acting on the recommendations of the Legal and Legislation Committee, gave approval to extensive amendments essentially bearing on Section 37 of current Ontario Regulation 447.

An additional regulation bearing on "assignment" was also considered and approved by Council. Because of the very sig-

nificant potential for fraudulent abuse and the evidence of increased average costs to the public when assignment relationships exist (rather than one in which dentists deal directly with their patients) the Committee proposed, except for governmental plans, an inclusion of a proscription of "assignment" within the professional misconduct regulations.

BY-LAWS

Section 26(1) of the **Health Disciplines Act** provides authority to the Council to pass by-laws relating to the administrative and domestic affairs of the College not inconsistent with the Act and the regulations. Without limiting the generality of that authority, some eighteen specific areas of administrative and domestic affairs are statutorily identified.

As a comprehensive review of the by-laws had not been undertaken for a few years, the Committee spent a considerable amount of time on the project resulting in an almost total re-draft. Council gave approval to By-law #1 (the comprehensive by-law) and, later, approved By-law #2, a provision to enable members, under certain precise circumstances, to waive coverage within the otherwise mandatory Professional Liability Insurance Program.

PROFESSIONAL ADVERTISING

Notwithstanding that the Committee was charged by Council to develop expanded regulations for professional advertising, this was a task which the Committee, for sound reasons, was unable to address. The issue on which the Canadian courts have not yet definitively ruled is whether or not commercial speech enjoys the protection of the *Canadian Charter of Rights and Freedoms*. The Ontario Court of Appeal, in a majority judgment, has taken the view that "commercial speech" — just as "political speech" — is protected by Section 2(b) of the Charter. Appeal courts in some other provinces have decided differently. Currently, there is a case on reserve with the Supreme Court of Canada the judgment concerning which should resolve the provincial differences in juridical opinion.

Should the Supreme Court of Canada decide that commercial speech has no Charter protection then the task of addressing the current advertising regulations should not be particularly difficult. There will, obviously, be some amendments to be considered but the regulatory control of flagrantly promotional advertising should not prove to be overly taxing.

However, should the court decide that commercial speech is a fundamental freedom, enjoying Charter protection, then only such regulations can be enacted as would fall to "such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society" (Charter S. 1).

GUIDELINES AND SUGGESTIONS

From time to time, the Council of The Royal College of Dental Surgeons of Ontario deems it appropriate to communicate with the members for the purpose of bringing to their attention information pertinent to the conduct of the practice of dentistry in the province. Much of the information can clearly be classified as "news" which has little or no direct regulatory

significance. But, not infrequently, it is necessary for the College to issue releases which have within them a range of direction from almost innocuous suggestions to enforceable guidelines. Guidelines, validly passed by the Council or the Executive Committee of the Council, will, for all practical purposes, be considered as enforceable instruments under professional misconduct regulations and, as well, represent or depict standards to which the courts may refer in professional matters coming before them.

It should be clear that, when the College offers "suggestions" to the members, there is no intent contained therein to invoke professional misconduct regulations in the event a member chooses not to follow the suggestions. However, it remains a possibility, in any *civil* action which may be initiated by a complainant, that should a failure on the member's part to follow a Council "suggestion" become the proximate cause of the injury the complainant alleges then such suggestion could well be considered by the court to bear on appropriate standards.

GUIDELINE — RECORDS AND BREAKUP OF PRACTICES

Because of a perceptible increase in problems coming to light between or among dentists on the breakup of their association in practice, the Council gave approval to a guideline document entitled, "Guideline Respecting Records and the Breakup of Dental Practices". The Council also directed that the guideline be published and distributed to the members.

COMPUTERIZED RECORDS

Following a careful consideration, by the Legal and Legislation Committee, of the factors bearing on the exclusive employment of computerized records, the Council is strongly of the view that dentists must not divest themselves of legibly written or typewritten copy.

From the legal point of view there is much uncertainty about computerized health record information. This is attributable, at least in part, to the lack of judicial precedents and the inadequacies of existing legislation. Lorne E. Rozovsky and Fay A. Rozovsky, in their excellent treatise, "The Canadian Law of Patient Records", after addressing three issues of legal concern, (a) confidentiality of computerized health records, (b) substandard use of the entries on computer records, and (c) use of recorded information in court, observed as follows: "Computerized patient record information still has a long way to go before it gains universal acceptance in health facilities in Canada. Access codes, built-in devices to prevent breaches of confidentiality, information entry and handling, error correction programmes, and record linkage require careful thought before computers are put on line."

The Council acted to advise the profession that, without in any way intruding on practitioners' utilization of computers in their offices, it would be a "failure to maintain the standards of practice of the profession" not to retain contemporaneous, complete and accurate patient records in legibly written or typewritten form.

SOLICITATION

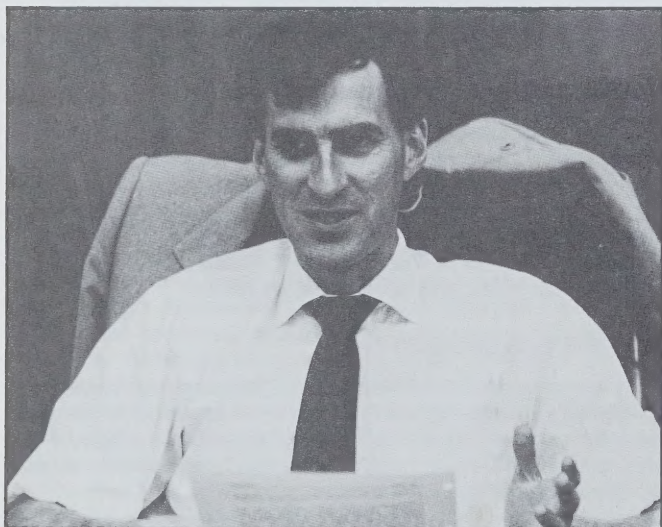
Council requested the Legal and Legislation Committee to define "solicitation" in respect of its inclusion in the regulations.

It is the element of importunity, combined with an aggressive attempt to entice potential patients which offends against the exercise of ethically responsible conduct. Dentists are not the sellers of goods or services but rather fulfil a fiduciary duty to their patients by providing, with the informed consent of their patients, those attentions required for the prevention and treatment of dental and oral disease and the maintenance of oral health. And, in this respect, they freely share knowledge, understandings, and insights with their colleagues. That role is incompatible with the commercial methods of the marketplace and, accordingly, solicitation must be regulatorily proscribed.

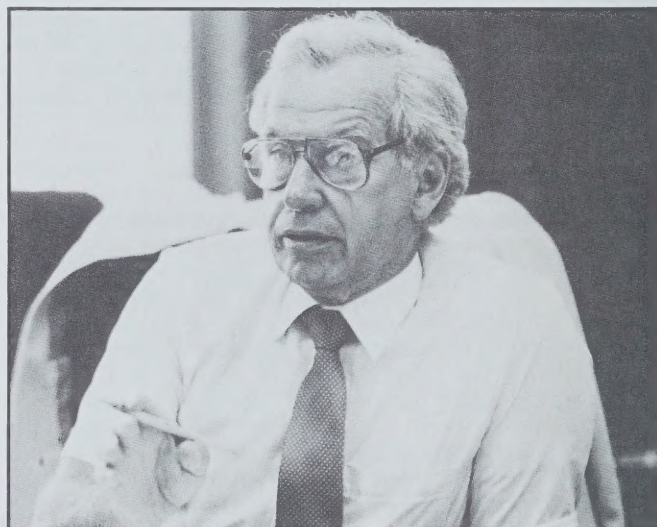
The following definition was approved: "Solicitation means an activity having for its purpose the undue attracting of patients or the aggrandizement of one's professional reputation".

PRE-ELECTION PROCEDURE

Because of certain procedural complaints concerning Council elections for the 1987 — 1988 term, the Legal and Legislation Committee was requested to give consideration to an appropriate protocol for sitting members of Council concerning their participation in the electoral process. A procedural document was prepared by the Committee the content being applicable to a current member standing for re-election and a current member supporting the candidature of another. Council gave its approval to the protocol.



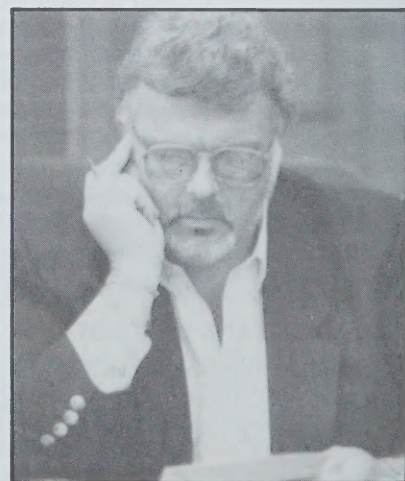
R. Sutherland (Public Representative)



W. Dunn (Chair)



K. Pownall, Registrar and A. Bromstein, Legal Counsel



G. Pitkin

Professional Liability

REPORT OF THE PROFESSIONAL LIABILITY INSURANCE COMMITTEE

Chair: G.C. White, D.D.S.

Committee Members: R. Donaldson, W.J. Dunn, D.D.S.,
E. Swadron, G. Nikiforuk, D.D.S. (ex officio)

Our Professional Liability Plan has now been in existence for 16 years. We believe that it has served the public and the profession well. We also believe that it is the least expensive in North America for the protection afforded.

1988 reversed the claims pattern of recent years in that there were 16% fewer files opened than in 1987. This, however, still represented a 174% increase over the number of claims recorded in 1978 and a 96% increase over those opened in 1983.

The trend for an increase in the severity of claims continued. This time last year we reported that 18 Statements of Claim had been issued where our members were being sued for between \$1,000,000 and \$12,000,000. As of December 31, 1988 that number has increased to 25.

As reported last year, in the hope of controlling costs and claims, more work is being done "in house". We have 2 experienced full-time claims examiners on staff. All claims are now being reported to the new Plan telephone number 416-599-0421 and reports are being forwarded to our new location: Suite 300, 425 University Avenue, Toronto.

Excess insurance for 1989 is available at a considerably reduced rate than in 1988. We are informed that three factors influenced this reduction:

1. More re-insurers are willing to participate in the risks;
2. Our Plan's experience relative to closed files has been good; and
3. 25% more members purchased excess insurance, thereby spreading the risk.

A word of caution must be given when Excess Coverage is discussed and that is that only six of the 25 million dollar or more claims have been closed. One or two large awards would generate a considerable increase in the premium.

We must repeat our warning to members re: the signing of "Hold Harmless Clauses" and/or "Waiver Agreements" with employers and/or hospitals and/or other agencies. Before signing any such document a lawyer should be consulted in order that the member be fully aware of the responsibilities being accepted. We also recommend that their lawyers review the provisions of the Professional Liability Plan.

The tables following this report should provide members with much information about their Plan. We recommend that they be reviewed.

I would like to thank the members of my Committee as well as Dr. Fox and his staff for their valuable assistance in the discharging of these responsibilities.

Table 1

CLAIMS EXPERIENCE — JANUARY 6, 1989 CLOSED FILES

		From 1973 To 1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	Total	
Claims Payment	\$ 0	93	47	49	58	41	60	73	63	225	157	163	171	39	0	1,239	61.24%
\$ 1 - 1,000	49	12	19	28	31	24	20	15	14	18	17	7	0	0	0	254	12.55%
5,001 - 10,000	9	2	8	4	2	14	12	14	11	12	15	3	2	0	0	108	5.33%
10,001 - 15,000	6	2	4	1	5	5	6	5	3	1	1	0	0	0	0	39	1.92%
15,001 - 25,000	4	0	1	3	0	4	4	5	4	5	3	1	0	0	0	34	1.68%
25,001 - 50,000	0	1	0	2	1	1	4	3	5	0	0	0	0	0	0	17	.84%
50,001 - 100,000	2	1	0	0	2	1	1	0	0	0	0	0	0	0	0	7	.34%
100,001 - 1,000,000	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	.04%
Closed Cases		201	80	102	118	102	137	151	142	298	222	227	195	48	0	2,023	100.00%
Outstanding Cases		0	0	0	1	2	3	3	5	22	28	64	144	232	2	506	
Total Claims		201	80	102	119	104	140	154	147	320	250	291	339	280	2	2,529	

RESUMÉ OF CLOSED FILES:

61.24% were closed with no claims payment or legal fees.
 73.79% were closed with claims payments and legal fees under \$ 1,000.
 89.80% were closed with claims payments and legal fees under 5,000.
 95.13% were closed with claims payments and legal fees under 10,000.
 97.05% were closed with claims payments and legal fees under 15,000.
 98.73% were closed with claims payments and legal fees under 25,000.
 99.57% were closed with claims payments and legal fees under 50,000.
 99.91% were closed with claims payments and legal fees under 100,000.
 99.95% were closed with claims payments and legal fees under 1,000,000.

(1) NUMBER OF RECORDS READ 2,529
 (2) FAILED YEAR RAGE TEST 0
 (3) FAILED DOLLAR RANGE TEST 0
 (4) RECORDS CLOSED 2,023
 (5) RECORDS OUTSTANDING 506
 ERRORS = (1) MINUS (2) + (3) + (4) + (5) 0

Table 2

AREAS OF DENTISTRY — January 6, 1989

Year	Endodontics	Operative Dentistry	Orthodontics	Periodontics	Prothodontics Fixed	Prothodontics Removable	Surgery	Radiology	General Dentistry	Unknown
1973	1	8	0	2	0	4	14	0	0	0
1974	7	7	4	1	8	1	27	0	5	0
1975	4	6	0	0	5	2	23	0	2	1
1976	8	4	1	0	10	9	23	1	13	0
1977	9	16	3	1	13	4	24	0	10	0
1978	15	15	3	8	16	4	31	1	9	0
1979	17	6	3	6	23	10	36	0	18	0
1980	14	10	2	3	6	4	39	1	24	1
1981	10	12	8	3	13	9	64	0	21	0
1982	27	11	10	1	24	7	49	0	25	0
1983	24	4	5	4	20	8	45	0	37	0
1984	31	9	72	6	33	15	80	1	73	0
1985	37	13	7	10	34	17	74	0	57	1
1986	35	29	25	5	34	13	94	3	52	1
1987	39	33	23	8	38	26	91	3	67	11
1988	30	34	23	11	24	22	86	3	41	6
1989	0	1	0	0	1	0	0	0	0	0
Total	308	218	189	69	302	155	800	13	454	21

Table 3 PRIMARY CAUSES BY YEAR — January 6, 1989

Cause	Description	From To	1973 1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	Total
0														1	11	12	24
2	Untoward Reaction to Drugs/Anaes.		4		1	2	1	2	1	2	4	12	19	4	13	7	72
2	Anaes. Accident — Incapacitation		2										1	1			4
3	Anaes. Accident — Death				1	1	1	1					1	2	2	3	12
4	Extraction Wrong/Extra Tooth/Teeth		16	4	3	5	8	9	15	10	8	10	12	22	19	13	154
5	Failure to Diagnose or Treat		4	9	7	15	13	10	14	17	13	19	28	28	33	20	230
6	Fracture of Mandible		11	6	8	2	5	1		1	2	5	3	1	1	1	47
7	Ingestion of Instrument/Material		7	3	4	1	2	2	1		1	3	3	1	1	2	31
8	Inhalation of Instrument/Material			1			2	1	1							1	6
9	Instrument Breakage Tooth/Tissue		3	3	3	5	4	7		6	7	5	2	8	5	4	62
10	Parasthesia — Following Surgery		4	5	4	5	4	8	14	14	14	30	15	20	20	17	174
11	Parasthesia — Following Injection		5	1	2	3		3	2	2	4	8	14	9	15	7	75
12	Perforation of Sinus		4		1	2	3		1	1	3	1	1	6	5	2	30
13	Roots not Removed		1				1	1	2	1		4		3	2	2	17
14	Soft Tissue Trauma		12	4	5	1	5	5	10	10	3	12	9	14	19	7	116
15	Trismus		2	1	1	2				4	1	1	4	3	3	5	27
16	Unsatisfactory Dentures		8	6	4	4	10	4	9	7	10	16	15	1	21	19	147
17	Unsatisfactory Fixed Bridge(s)		10	10	13	14	16	7	10	23	21	26	34	31	34	24	273
18	Unsatisfactory Operative		6	3	5	12	4	7	12	9	7	12	10	18	22	19	146
19	Unsatisfactory Orthodontics		3	1	2	2	1	2	5	5	4	69	5	21	14	18	152
20	Unsatisfactory Periodontics						3	2	1	1	3	3	3	2	6	4	28
21	Unsatisfactory R.C. Therapy		2	4	4	11	13	9	4	14	11	21	22	15	24	26	180
22	Unsatisfactory Oral Surgery		2	2	6	3	3	7	16	6	11	16	19	20	21	25	157
23	Treatment of Wrong Tooth		1		1	1		1	1	2	2	3	5	8	4	1	30
24	Fracture of Tooth		11	2	3	1	3	5	3	4	4	2	7	4	1	4	54
25	Death Following/During Treatment		4		1	4	1		3	1		6	2	2	1		25
26	Untoward Reaction to Treatment		5		1	2	4	3	5	10	10	8	5	11	9	15	88
27	Unsatisfactory Implant(s)		2	1			1	2	2	1		1	1	3	4	1	19
28	OTHER		3	3		4	11	5	8	3	4	27	10	19	29	21	147

2,527

(1) NUMBER OF RECORDS READ: 2,529

(2) FAILED YEAR RANGE TEST: 2

PROCESSED = (1) MINUS (2): 2,527

Table 4 SECONDARY CAUSES BY YEAR — January 6, 1989

Cause	Description	From To	1973 1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	Total
0														1	12	13	26
1	Absence or failure of follow-up		3	1	5	8	5	4	2	5	2	11	6	13	14	10	89
2	Inadequate Records		1	1			2	1	1	2	2		2	4			16
3	Inexperience		2		2	2			4	2	8	7	5	9	10	7	58
4	Insufficient X-Rays		6	2	1	6	2	2		2	5	4	2	5	3	2	42
5	Lack of Informed Consent		9	2	1	4	10	6	10	21	24	21	31	27	14	17	197
6	Lack of Signed Consent		2		2		1	1		1	3		2	3	2		17
7	Overbooked — Too Busy		1					1	3		2			2			9
8	Poor Communication		14	3	8	13	8	27	33	30	21	32	54	52	44	22	361
9	Pursuing Outstanding Account		9	9	8	5	15	10	8	14	15	17	17	23	18	14	182
10	No apparent Secondary Cause		82	50	53	64	76	52	79	76	64	227	127	140	221	192	1,503
11	Under Influence Drugs/Alcohol		1										1				2
12	Equipment Malfunction		2	1						1	1	1	3	11	1	3	24
99	DESCRIPTION NOT FOUND													1			1

2,527

(1) NUMBER OF RECORDS READ: 2,529

(2) FAILED YEAR RANGE TEST: 2

PROCESSED = (1) MINUS (2): 2,527

REPORT OF THE DEAN OF THE FACULTY OF DENTISTRY, UNIVERSITY OF TORONTO

A.R. Ten Cate, B.Sc., B.D.S., Ph.D.

INTRODUCTION

I am pleased to present this, my final report, to the College. For many reasons it has been a privilege for me to serve as Dean of the Faculty of Dentistry at the University of Toronto, not the least being the cordial and smooth relationship which exists in Ontario between the educational arm of the profession and its licensing body. It is a relationship which has been built upon openness and trust, and is one that needs to be guarded in these changing times.

Whenever there is to be a change in leadership of a Faculty, the University of Toronto undertakes a detailed review of that division to identify issues facing a new administration. In light of my opening comments I believe that the issues identified by the Provostial Review Committee should be laid before Council¹ so that it too understands the problems facing dental education at the University of Toronto.

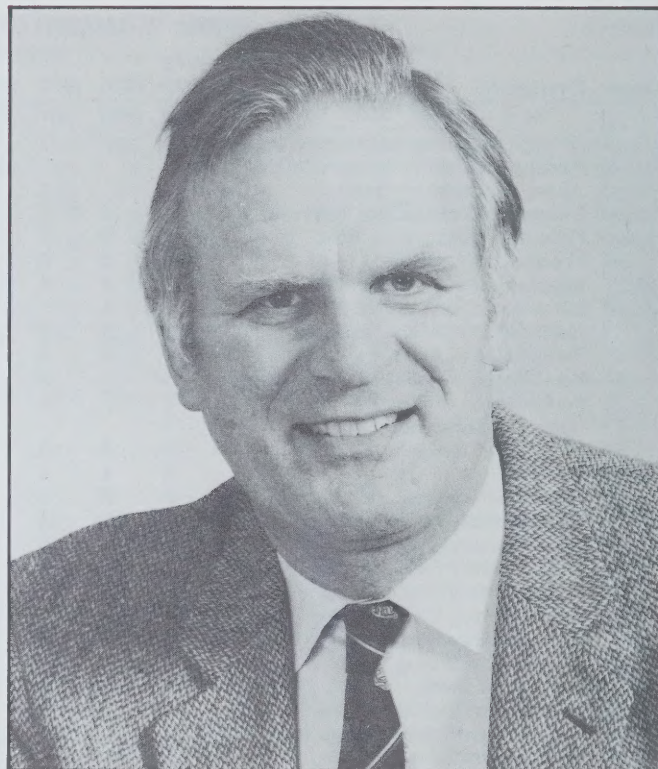
The report contained seven recommendations with the key one being:

"That, in light of the many changes present and forthcoming in its external environment, and of the academic concerns and tensions within, the Faculty Council, as a matter of immediate urgency, conduct a review that will lead to a statement of the mission of the Faculty. From this statement will evolve a) clarification of both short and long term goals and objectives for the Faculty, b) a clear understanding of the balance to be achieved between the several programs and thrusts of the Faculty, and c) guidelines for the distribution of resources among the Faculty's activities."

The Provostial Review also commented on the standing of the Faculty as follows:

"Less tangible than the many preceding facts but far more significant is the unquestionable recognition, nationally and internationally, of the excellence of the academic programs of this Faculty of Dentistry. The academic staff and graduates of this Faculty, be they practising dentists, teachers or researchers, continue to earn high levels of respect from their peers. That the Faculty's all round excellence has been maintained throughout the 1980's, a period in which the budget of the Faculty has been reduced annually, is due to the tireless efforts of Dean Ten Cate and the constant endeavours of all members of staff."

I would like to echo the last sentence with regard to the endeavours of my colleagues. In the twelve years of my Deanship I have had to administer a budget cut in each and every year, and I must applaud the manner in which my colleagues have coped to maintain the quality of dental education at Toronto. I often wonder what status the Faculty would have had given proper budget support. Nevertheless, the report of the Provos-



tial Review Committee, together with the external assessment of our graduate programs (all rated "A"), the fact that all our postgraduate programs are fully accredited, and recognizing that the condition applied to our undergraduate program is not related in any way to an academic deficiency, clearly indicates to Council the health of the Faculty.

I would like to comment further on two issues. The first relates to enrollment. The University has agreed that the size of the entering class in 1989 will be 64, a reduction of 40 from our current enrollment of 104. This reduction will permit the Faculty to contemplate much needed curricular change to position our graduates for the future. Second, I would like to draw attention of Council to the list of publications emanating from the Faculty in the past year and submitted as an appendix. It is a perception that there is a deficiency of clinical and applied research at the University of Toronto in favour of basic enquiry, but scrutiny of its publication record shows that thirty-one of the sixty papers published in 1987 are directly related to clinical practice. This I believe to be a fair balance and indicates that perception and reality are at odds.

SCHOLARLY ACTIVITY AND ACADEMIC DISTINCTIONS

1. Dr. Judith Krupanszky was the recipient of the A. Bruce Hord Master Teaching Award for 1988.

1. Council received the full report which is available in the Faculty Library for any interested reader.

2. Dr. Philip A. Watson received the APUS-SAC (Association of Part-time Undergraduate Students — Students Administrative Council) Undergraduate Teaching Award.
3. Dr. James H.P. Main is President of the International Association of Oral Pathologists.
4. Dr. Donald G. Woodside received the Merston Award, given by the American Association of Orthodontists.
5. Dr. Gordon Nikiforuk received the Merit Award of the Canadian Dental Association at its annual meeting in Edmonton in August.
6. The University of Toronto Innovations Foundation in September received the Bronze Award as part of the 1988 Canadian Awards for Business Excellence, sponsored by the Federal Government. The award was for the invention by Drs. James Sandham and Thomas Balanyk from the Faculty of Dentistry of Chlorzoin, a dental varnish designed to control *Streptococcus mutans* infections. Over 700 entries were judged in the competition.
7. Dr. Paul Bourque received the Award of Special Merit at the 88th Annual Session of the American Association of Orthodontists.

STAFF APPOINTMENTS AND PROMOTIONS

1. Dr. Richard P. Ellen has been appointed Head of Periodontics at the Faculty of Dentistry effective 1 July 1988.
2. Drs. Jane E. Aubin and David Mock have been promoted to full professor.

EDUCATION

Total enrollment in the Faculty's degree and diploma programs breaks down as follows:

Undergraduate	1987-88	1988-89
First Year	103	105
Second Year	101	99
Third Year	90	98
Fourth Year	105	104 graduated 88
Total D.D.S.	399	390

Postgraduate and Graduate

Postgraduate	48	22 graduated	46
Ph.D.	14	4 graduated	11
Masters	27	6 graduated	34
Interns	30		27

RESEARCH FUNDING

Total research support to the Faculty is shown in the chart below. Support increased from \$1,881,166 in 1986.

Research Funding by Source of Funds	\$ Value	% Dist.
Medical Research Council	1,878,013	78.22
Health and Welfare Canada	0	0.00
NSERC	0	0.00
Other federal agencies	0	0.00
Ontario Ministry of Health	81,931	3.41
Other Ontario government	0	0.00
National foundations	49,593	2.07
Ontario foundations	40,866	1.70
Corporations	14,400	0.60
Local agencies, donors, estates	78,920	3.29
Internal Univ. sources	16,541	0.69
External Univ. sources	0	0.00
American sources	127,880	5.33
Other foreign sources	112,914	4.70
Not reported	0	0.00
Total	2,401,058	100.00

U.W.O. Report

REPORT OF THE DEAN OF THE FACULTY OF DENTISTRY, UNIVERSITY OF WESTERN ONTARIO

Ralph I. Brooke, B.Ch.D., L.D.S., F.D.S.,
R.C.S., M.R.C.P., L.R.C.S.

ACADEMIC AFFAIRS

A Symposium on AIDS Research in Dentistry was held on October 15 and 16, 1987; visiting speakers included Professor Crispian Scully, Drs. Colin Dawes, Norbert Gilmore, James Main, and Hillar Vellend. The Symposium was organized by Drs. Gillian M. McCarthy and John T. Hamilton and sponsored by the Department of National Health & Welfare and the Faculty of Dentistry.

It is anticipated that a Comprehensive Patient Care Program will be introduced into the curriculum during the 1988-89 academic year. Dr. R.J. McConnell is heading a committee which is organizing this new program.

The Biennial Conference of the Association of Canadian Faculties of Dentistry will be held in London in June 1989 under the chairmanship of the Assistant Dean, Continuing Dental Education, Dr. G.Z. Wright. Plans are well in hand for this Conference.

FACULTY

Dr. Alan R. Mills has been appointed Assistant Dean for Educational Development, effective July 1, 1988.

Following the resignation of Dr. D.F. Mulcahy to take up an appointment in Alberta, Dr. D.H. Charles has been appointed Director of Clinics and Patient Management.

Dr. Gillian M. McCarthy has been appointed Assistant Professor in the Division of Oral Biology, supported by a Postdoctoral Fellowship, National Health Research and Development Program, Health & Welfare Canada.

Drs. J.T. Hamilton and G.Z. Wright have been reappointed as Assistant Deans, Research and Continuing Dental Education respectively, for a further four-year period to June 30, 1991.

Dr. Glenn R. Walker has been appointed Assistant Professor in the Division of Removable Prosthodontics.

Dr. W. Stuart Hunter took a six-month sabbatical leave during 1987-88 academic year. All members of the faculty extend to him deepest sympathy on the sad loss of his wife.

Dr. Len Boksman has been granted a one-year leave of absence for 1988-89 and Dr. Ronald E. Jordan a one-year study leave to commence on July 1, 1988.

Dr. Jordan has been appointed Dean at the University of Manitoba and will be taking up the appointment in April 1989. We wish him well in this new appointment.

Dr. Ann M. Jarvis, a member of the part-time faculty since 1971, has been appointed a full-time Assistant Professor in the Division of Oral Medicine and directs the Emergency Clinic.

Dr. Robert J. McConnell has been appointed Assistant Profes-



sor in the Divisions of Fixed and Removable Prosthodontics.

Dr. Donald F. MacLean has been appointed for one year to replace Dr. Boksman who is on leave. Dr. MacLean will be an Assistant Professor in the Division of Operative Dentistry.

Dr. Anthony G. Parnell retired as Professor of Oral Surgery following twenty-one years of service and Dr. Russell G. Stephens retired as Professor of Oral Radiology, following thirteen years of service. Both Drs. Parnell and Stephens will be taking on part-time post-retirement appointments.

Drs. David Charles, Glenn Walker and Harinder Sandhu attended the ACFD Management and Teaching Institutes.

VISITORS

Dr. Akira Senda of the University of Aichi-Gakuin, Japan, was a Visiting Professor in the Division of Operative Dentistry, for the 1987-88 academic year.

Dr. Colin Dawes, University of Manitoba, was the 1987-88 MRC Visiting Professor. He spoke on the topic "Salivary Clearance, Role in Oral Health".

Marjaana Laitinen, a senior dental student from Sweden, visited the school during August 1987. Two senior students from the University of Hamburg, West Germany, Messrs. Gunnar Schaaake and John Wiemann, participated in an extern pro-

gram during September 1987.

STUDENT AFFAIRS

An application to reduce enrolment from 40 to 36 has been postponed because of a delay in implementing the new provincial government funding formula to Universities.

Applications for advanced standing from foreign dentists and those who are currently in American dental schools continue to increase in number. The policy of the Faculty permits the admission of such applicants only when a vacancy exists in the second year class. Admission beyond second year is not permitted.

The eligibility for sitting supplemental examinations has been changed. There is now a requirement for an overall average of 65% (previously 60%) in all courses taken during the year.

For the first time in 1988, student grade reports have included actual numerical grades achieved in courses, in addition to an indication of their quartile standing in the class.

Mr. Jeremiah J. Collins was declared winner of the London & District Dental Society Clinic Night presentation. Other student participants were Viera Chovenac, Valerie Daignault, William Evon and Alan Kwong Hing. The standard of all these presentations was very high.

Five students were awarded MRC Summer Studentships and, in addition, two students were sponsored jointly by the Canadian Fund for Dental Education and the Faculty of Dentistry, during the summer of 1987.

Jim Chung, first year student, represented the Faculty at the Annual American Dental Association Student Research Conference held in April 1988 in Bethesda, Maryland.

UNDERGRADUATE PROGRAM

The curriculum is still under review and it is intended to intensify the activity of the Committee during the forthcoming academic year.

A total of 563 applications to First Year were processed. This is an increase of 34 over the previous year and 70 over 1985. As a result of a study conducted in the Faculty, it was decided that, although all applicants must take the Dental Aptitude Test, no applicant would be rejected because of a low score.

The following statistics are presented for the class of 1991 relative to the classes of 1988, 1989 and 1990:

	1988	1989	1990	1991
Class Size:	40	40	40	40
Sex: Females	11	6	10	12
Males	29	34	30	28
Qualifications of admitted applicants:				
— at least two years of 'B' average performance in pre-professional University training	40	40	40	40

— class average based on best two years preceding admission	81.0%	80.7%	81.1%	83.7%
Dental Aptitude Test:				
— average carving dexterity	5.38	5.60	5.48	5.05
— average PMAT	5.75	5.62	5.85	4.90
No. with Ontario Grade 13:	36	39	34	34
No. Ontario scholars:	22	30	23	25
No. with degrees:	13	21	27	22
Married:	4	2	3	0
Age:				
— Range	19-29	20-27	20-40	20-26
— Medium	24	23	22	22
— Average	22	23.5	23	22
Residence:				
— Ontario	38	37	37	36
— Other Provinces	2	3	3	4

STUDENT PERFORMANCE

The following are the results of student performance for the academic year 1987-88.

Fourth year:	40 students	4 with honours
Third year:	40 students	8 with honours
Second year:	39 students	5 with honours
First year:	40 students	11 with honours

CONTINUING DENTAL EDUCATION

The Homecoming Brunch in October was very well attended with brief talks given by the honorary class presidents, Drs. S.L. Kogon, I.D. Schofield, and W.R. Teteruck.

A two day Fall Symposium on the "Problems of Practising Dentists" included speakers covering topics to assist the profession with rapidly changing tax laws, health concerns and legal problems.

Update '88, a course for dentists who are current and want to remain current, was held in January. Seven clinicians presented material in their respective areas.

Osseointegration in Clinical Dentistry (Prosthodontic Implants), a new course, was very successful and drew participants from as far away as Washington State.

COMMITTEE ACTIVITIES

The Scholarships & Awards Committee has accepted an entrance scholarship from the Federation of Chinese Canadian Professionals.

The Scholarships & Awards Committee selected Dr. Louie J. Masse as the recipient of the 1988-89 Wesley & Jean Dunn Fellowship. He is undertaking graduate studies in Oral and Maxillofacial Surgery at the University of Michigan.

Other Reports

REPORT OF THE INSPECTOR

Mr. Sam Evans

INVESTIGATIONS

Since I assumed the part-time position of Inspector for the RCDS in February, 1988, I have been involved in 119 reportable investigations. They range from violations committed against the Regulations under the Health Disciplines Act to offences committed under the Criminal Code.

MATTERS RELATED TO THE CRIMINAL CODE

- (a) Ms. Shirley Chantler was arrested by Metro Police while acting as a dental hygienist in a downtown Toronto office. Her "modus operandi" was to use the name and registration number of a dental hygienist listed as living out of the Province.

She pleaded guilty to the charge of "Personation" and was given a three year suspended sentence. She was also placed on probation for three years. One of the conditions of her probation is that she not be employed in a dental office in any capacity unless duly licensed.

- (b) Another case involves a Toronto woman making application to sit the out-of-province dental hygiene licensing examination. It was determined that the signature attesting to her academic qualifications was forged. This information was turned over to Metro Police who are contemplating laying a charge of "Uttering a forged document".

PROBLEMS RELATED TO DRUGS

Of increasing concern to the College is the improper prescribing practices of some dentists. With the assistance and co-operation of the Bureau of Dangerous Drugs, we have identified five dentists in the past seven months who are addicted to drugs. With our encouragement they have all participated in rehabilitation programs and are able to continue with their practices. I recommend that more emphasis be placed on the existence of this problem by the Faculties of Dentistry in their contacts with students.

ILLEGAL PRACTICE OF DENTISTRY

We have received two complaints of persons practising dentistry without a licence. Both offenders are recent immigrants to Canada and practised dentistry in their homeland. They are not licensed here and appear to limit their patients to persons of the same ethnic background. Without a witness who is willing to testify in court, it is difficult to get a conviction.

SIGN AND ADVERTISING COMPLAINTS

It would appear from the number of complaints received that some members of the College are either unfamiliar with the

Regulations concerning advertising or are just choosing to ignore them. I am pleased to report that most members, when contacted about an infraction, make the necessary correction without delay. It should be noted that until the regulations involving advertising are amended the present ones must be obeyed.

REPORT OF THE DENTISTRY REVIEW COMMITTEE

Chair: E.J. Sonley, D.D.S.

Committee Members: J. Becker, D.D.S., B. Donaldson, I.R. Downing, A.F. Dungy, D.D.S.

The Dentistry Review Committee is a Committee of the College established under Section 6(1)3 of the Health Insurance Act of Ontario.

Referrals are made to the Committee if the General Manager of OHIP believes that there has been a billing irregularity submitted to OHIP by a dentist.

The last referral to the Committee occurred in 1982.

Some Committees measure their worth by their business. This Committee takes pride in its lack of busyness as it means that the billing procedures of the members of the dental profession are within the acceptable guidelines of the Health Insurance Act.

REPORT OF THE RCDS/ODA LIAISON COMMITTEE

Members: RCDS Executive Committee
ODA Management Committee

Most of the liaison between the RCDS and the ODA is performed by the Presidents and senior staff of the two groups.

The Committee found need to meet on only one occasion in 1988.

Items discussed included:

- (a) The profiling of dentists in British Columbia
- (b) The Health Professions Legislation Review
- (c) Observers at RCDS Council meetings
- (d) Dental Care in Nursing Homes
- (e) Dual choice for dental plans
- (f) The misuse of codes in the ODA Fee Guide
- (g) Office space at the headquarters buildings

FINANCIAL REPORT

Kenneth F. Pownall, D.D.S.

INTRODUCTION

It is with pride that I present the audited Financial Statements and Report for 1987 to the Council and to the members of the College. The College continues to be financially stable. Once more the auditors state that the statements of our financial affairs prepared by the staff have passed all the tests and other procedures that they consider necessary for a proper audit of our finances. This speaks well for the competence and dependability of the staff of the College.

FINANCIAL STATEMENTS

Attached to this report are the following:

- Auditors' Report
- Balance Sheet as at December 31, 1987
- Statement of Revenue and Expenses and Surplus
 - General Fund
 - Building Fund
 - Professional Liability Insurance Fund
 - Centennial Fund
 - Harry R. Abbott Memorial Library Fund
- Notes to the Financial Statements

BALANCE SHEET

The Balance Sheet shows, in a concise manner, the state of our finances as of December 31, 1987. It shows that in the General Fund there is a surplus of \$678,614, and in the Professional Liability Fund a surplus of \$1,990,835.

STATEMENT OF REVENUE AND EXPENSES AND SURPLUS

(a) The General Fund

Revenue:

The annual fees for dentists and dental hygienists provide the College with its main source of revenue. Dental hygienists applying for licensure in Ontario are required to successfully complete examinations. The examination fee in 1987 was \$200.00.

Interest rates are lower than what they used to be; nevertheless, interest on our investments continues to be an important source of revenue.

Sundry revenue is derived mainly from the sale of our list of members to dentally related companies.

The item "continuing education" represents the fee that the College charges to participants in courses at local societies sponsored by the RCDS. It is to go toward the expenses of these continuing education courses. A policy change effective September 1987 has eliminated this fee.

Expenses:

Expenses continue to increase year after year. Salary expenses reflect an increase in line with inflation and an increase in staff. Postage and printing costs are increased because of an increased effort to communicate with mem-

bers by means of an enlarged "Dispatch". The item "equipment" is reduced in 1987 because the new computer system was purchased in 1986. "Honoraria for members of Council" shows a modest increase in the per diems paid to members. Continuing Education costs dropped because of a different method of funding the courses. The actual number of courses has not changed significantly. Legal fees vary from year to year. In 1987 considerable costs arose as a result of the legal legislative changes in the Act and Regulations. Council and Committee expenses increased because of the increased work load, and an increase in the costs of accommodation and meals. Administrative expenses are the many sundry items required for the general administration of the College.

Surplus:

The surplus at the end of 1987 increased to \$678,614. With the ever-increasing obligations being placed on the College which will require additional staff and accommodation, the surplus could be depleted very rapidly.

(b) The Professional Liability Insurance Program

Details on the plan are covered in the Report of the Professional Liability Insurance Committee.

(c) The Centennial Fund

This Fund was established in 1968 to commemorate the Centennial of the RCDS. The original purpose of the Fund was to establish and update, from time to time, the exhibit on dentistry at the Ontario Science Centre. A grant from the fund was made to the museum at the Faculty of Dentistry of the University of Toronto in 1986.

(d) The Harry R. Abbott Memorial Library Fund

The Will of the late Mrs. Dorinda Tully, which was probated in 1924, established a trust fund. The fund is a memorial to her brother, Dr. H.R. Abbot, who was President of the RCDS from 1903 to 1907. The terms of the Will direct that the interest from the fund be paid annually to the RCDS for the purchase of books for the RCDS Library. The RCDS Library became the Library of the Faculty of Dentistry, University of Toronto in 1925. Since it is costly to attempt to change the wording of the Will, the money accumulating from the investments is paid to the RCDS, and the College forwards the money to the Faculty of Dentistry of the University of Toronto.

RE-APPOINTMENT OF AUDITORS

The firm of Thorne Ernst and Whinney, formerly Thorne Riddell, continues to provide very efficient and capable auditing services, as it has for many years. It was recommended and approved that the firm be re-appointed as the College's auditors for the year 1988.

APPRECIATION

The College is very fortunate to have devoted employees who are competent and efficient in every respect.

Presenting this report provides me with an opportunity to bring this to your attention, and to thank them publicly for their contribution to the successful operation of the College.

Thorne Ernst & Whinney

Chartered Accountants

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AUDITORS' REPORT

To the Members of the Council of
The Royal College of Dental Surgeons of Ontario

We have examined the balance sheet of The Royal College of Dental Surgeons of Ontario as at December 31, 1987 and the statements of revenue and expenses and surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the College as at December 31, 1987 and the results of its operations for the year then ended in accordance with the basis of accounting described in note 1 applied consistently with that of the preceding year.

Thorne Ernst & Whinney

March 25, 1988

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
(Incorporated under the Health Disciplines Act, Part II, of Ontario)
BALANCE SHEET

ASSETS	December 31		LIABILITIES	December 31	
	1987	1986		1987	1986
GENERAL FUND					
Funds held in trust (note 2)	\$ 4,112	\$ 9,000	Trust Funds	\$ 4,112	\$ 9,000
Cash	820,679	340,505	Accounts payable	262,846	73,204
Investment in bonds, banker acceptances and treasury bills	1,303,084	1,426,074	Deferred revenue, licentiate	1,286,579	1,234,009
Accounts receivable	99,130	60,506	fees	1,553,537	1,316,213
Receivable from Professional Liability Insurance Fund	5,146	5,146	Surplus	678,614	525,018
	<u>\$2,232,151</u>	<u>\$1,841,231</u>		<u>\$2,232,151</u>	<u>\$1,841,231</u>
BUILDING FUND					
Cash	\$ 1,259	\$ 1,184			
Interest receivable	62,968	17,200			
Investment in bonds and treasury bills	478,885	478,885	Surplus	\$ 543,112	\$ 497,269
	<u>\$ 543,112</u>	<u>\$ 497,269</u>			
PROFESSIONAL LIABILITY INSURANCE FUND					
Cash	\$ 141,585	\$ 962,704	Deferred revenue, members' assessments	\$2,100,376	\$1,619,576
Investment in bonds and treasury bills	6,163,263	3,937,652	Provision for unsettled claims (note 3)	3,313,095	2,388,499
Interest receivable	1,104,604	813,771	Payable to General Fund	5,146	5,146
	<u>\$7,409,452</u>	<u>\$5,714,127</u>	Surplus	1,990,835	1,700,906
				<u>\$7,409,452</u>	<u>\$5,714,127</u>
CENTENNIAL FUND					
Cash	\$ 34,621	\$ 32,594			
Interest receivable	201	177	Surplus	\$ 34,822	\$ 32,771
	<u>\$ 34,822</u>	<u>\$ 32,771</u>			
HARRY R. ABBOTT MEMORIAL LIBRARY FUND					
Cash	\$ 90	\$ 79			
Interest receivable	2,000	2,100	Surplus	\$ 2,090	\$ 2,179
	<u>\$ 2,090</u>	<u>\$ 2,179</u>			

**THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
GENERAL FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS**

	Year Ended December 31	
	1987	1986
Revenue		
Annual fee and licence fee		
Dentists.....	\$4,147,360	\$3,010,027
Less portion attributable to the Professional Liability Insurance Fund.....	2,472,750	1,428,615
	<u>1,674,610</u>	<u>1,581,412</u>
Hygienists.....	337,848	284,380
Examination fees (dental hygienists).....	52,936	40,275
Interest	149,119	141,820
Property rent	—	175
Sundry.....	15,885	13,426
Continuing education.....	23,070	66,236
Administration charge to the Professional Liability Insurance Fund	80,000	75,000
	<u>2,333,468</u>	<u>2,202,724</u>
Expenses		
Salary and salary charges.....	749,568	683,590
Postage and courier.....	100,701	83,057
Printing, stationery and supplies.....	168,356	120,387
Telephone.....	27,894	19,091
Equipment — purchase, rental and maintenance.....	101,128	203,258
Property expenses	60,354	89,054
Staff travel	53,936	52,259
Examinations (dental hygienists).....	65,252	40,782
Honoraria.....	259,647	245,300
Continuing education.....	57,621	107,864
Professional fees		
Legal.....	271,306	176,247
Audit.....	9,780	9,802
Witness and court reporter fees.....	16,066	2,095
Council insurance.....	3,004	2,715
Council and committee.....	115,362	86,908
Grants		
Canadian Dental Association.....	52,700	25,925
Canadian Fund for Dental Education	1,000	—
University of Toronto	3,750	3,750
University of Western Ontario.....	3,750	3,750
Other.....	3,497	2,336
Administrative	55,200	67,936
	<u>2,179,872</u>	<u>2,026,106</u>
EXCESS OF REVENUE OVER EXPENSES	153,596	176,618
Surplus at beginning of year	525,018	348,400
SURPLUS AT END OF YEAR	<u><u>\$ 678,614</u></u>	<u><u>\$ 525,018</u></u>

**BUILDING FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS**

	Year ended December 31	
	1987	1986
Revenue		
Interest	\$ 45,843	\$ 41,909
Expenses	Nil	Nil
EXCESS OF REVENUE OVER EXPENSES	45,843	41,909
SURPLUS AT BEGINNING OF YEAR	497,269	455,360
SURPLUS AT END OF YEAR	\$ 543,112	\$ 497,269

**PROFESSIONAL LIABILITY INSURANCE FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS**

	Year ended December 31	
	1987	1986
Revenue		
Members' assessments	\$2,472,750	\$1,428,615
Interest	501,784	476,438
	2,974,534	1,905,053
Expenses		
Insurance premium	1,012,225	729,750
Broker and consultant fees	12,000	16,130
Provision for claims and unsettled claims (note 3)	1,579,530	1,185,587
Administration charge from General Fund	80,000	75,000
Sundry	850	1,235
	2,684,605	2,007,702
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	289,929	(102,649)
Surplus at beginning of year	1,700,906	1,803,555
SURPLUS AT END OF YEAR	\$1,990,835	\$1,700,906

**CENTENNIAL FUND
STATEMENT OF REVENUE AND EXPENSES AND SURPLUS**

	Year ended December 31	
	1987	1986
Revenue		
Interest	\$ 2,101	\$ 2,324
Expenses		
Professional fees	50	50
Grant to University of Toronto	—	2,500
	50	2,550
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	2,051	(226)
Surplus at beginning of year	32,771	32,997
SURPLUS AT END OF YEAR	\$ 34,822	\$ 32,771

**HARRY R. ABBOTT
MEMORIAL LIBRARY FUND
STATEMENT OF REVENUE AND
EXPENSES AND SURPLUS**

	Year ended December 31	
	1987	1986
Revenue		
Interest	\$ 2,011	\$ 2,125
Expenses		
Grant to University of Toronto Library Fund	2,100	1,200
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) ..	(89)	925
Surplus at beginning of year	2,179	1,254
SURPLUS AT END OF YEAR	\$ 2,090	\$ 2,179

**NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1987**

1. Accounting Policies

The College follows generally accepted accounting principles except that the cost of furniture, equipment and leasehold improvements is included in expenses as incurred (1987, \$54,668; 1986, \$203,550).

2. Segregated Funds

At December 31, 1987 the College maintained in trust \$4,112 (1986, \$9,000) for refund to patients following claims made against member Dentists.

3. Professional Liability Insurance Fund

This fund was established by the College by allocating a portion of the fees charged to Dentists on an annual basis as approved by the Board. The insurance coverage for claims has been established to cover validated claims in excess of a deductible portion on an annual basis. The College is liable for the first \$35,000 of a validated claim subject to a maximum loss limit on an annual basis of \$1,500,000. The Dentists are liable to the College for a deductible portion on each validated claim of \$1,000 on any one occurrence including defence costs, increasing at the rate of \$1,000 for each additional claim in a twenty-four month period. The College is additionally liable for all insurance adjuster fees related to claims arising since January 1, 1977. Provision has been recorded in the accounts for the liability with respect to unsettled claims and the insurance adjuster fees related thereto. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College.

4. Long Term Lease

In 1972 the land and building at 230 St. George Street was sold to the Ontario Dental Association for \$2. The Royal College of Dental Surgeons of Ontario has leased the land and building from the Ontario Dental Association for a period of twenty-five years expiring September 30, 1997 for \$1 plus various operating charges as specified in the lease with an option to renew for an additional twenty-five years and a right of first refusal on any offer for purchase of the property.

Statistical

DISTRIBUTION BY AGE & COUNTY — DENTISTS As of October, 1988

County	Less Than 31	31- 40	41- 50	51- 60	61- 65	Over 65	Total
Algoma	8	18	12	13	5	4	60
Brant	4	13	15	4		2	38
Bruce	1	8	5		1	1	16
Cochrane	4	13	10	2	1		30
Dufferin	2	5	6		1		14
Durham	39	68	49	17	6	3	182
Elgin		10	7	3	2		22
Essex	28	63	34	18	10	8	161
Frontenac	9	22	22	5	2	6	66
Grey	2	7	13	6	2	2	32
Haldimand Norfolk	2	10	10	3	2	1	28
Haliburton			2				2
Halton	26	58	52	17	11	3	167
Hamilton Wentworth	29	72	67	37	11	16	232
Hastings	9	17	19	6	2	2	55
Huron		7	5	2			14
Kenora Kenora P.P.	4	7	6	3		1	21
Kent	8	19	12	2	4	2	47
Lambton	6	30	10	5	2	3	56
Lanark		6	6	1	2	1	16
Leeds Grenville	11	10	13	7	5	1	47
Lennox Addington	1		3	1			5
Manitoulin		3				1	4
Metro Toronto	307	601	481	293	96	121	1899
Middlesex	34	88	63	36	19	20	260
Muskoka	3	8	3	3	2	1	20
Niagara	14	67	48	29	19	11	188
Nipissing	7	8	12	8	5	1	41
Northumberland	3	10	9	3		2	27
Ottawa Carlton	40	124	115	60	21	14	374
Oxford	2	12	11	4	2	2	33
Parry Sound	1	5	4	1	2	1	14
Peel	69	130	88	21	6	4	318
Perth	2	5	13	4	1	2	27
Peterborough	5	13	23	4	3	1	49
Prescott Russell	1	8	1	2		1	13
Prince Edward	1	2	1	1	1		6
Rainy River	1	2	3	1	2		9
Renfrew	4	17	8	5	3		37
Simcoe	14	47	31	16	4	5	117
Stormont Dundas Glen.	5	12	7	4	2	2	32
Sudbury	10	21	18	15	2	2	68
Thunder Bay	10	31	23	8	3	1	76
Timiskaming	5	4	6	1		1	17
Victoria		2	8	1		1	12
Waterloo	29	53	51	20	9	7	169
Wellington	9	25	26	7	5	6	78
York	44	98	42	11	5	4	204
Totals	813	1859	1473	710	281	267	5403
Percentage of Total	15.00	34.00	27.00	13.00	5.00	4.00	100

DISTRIBUTION BY AGE & COUNTY — DENTAL HYGIENISTS
As of October, 1988

County	Less Than 31	31- 40	41- 50	51- 60	61- 65	Over 65	Total
Algoma	15	14	3				32
Brant	18	5	1			1	25
Bruce	11	3					14
Cochrane	11	7					18
Dufferin	2	2	3				7
Durham	81	96	13			1	191
Elgin	4	5					9
Essex	61	54	10	1			126
Frontenac	18	13	4	1			36
Grey	3	5	1				9
Haldimand Norfolk	8	6	4				18
Haliburton	2	1	1				4
Halton	55	53	17	1			126
Hamilton Wentworth	61	39	12	2	1	1	116
Hastings	13	12	3	1		1	30
Huron	1	1	3				5
Kenora Kenora P.P.	10	3					13
Kent	9	8	1	1			19
Lambton	25	21	2	1		1	50
Lanark	2	4	2	1			9
Leeds Grenville	15	18	2	1			36
Lennox Addington			1				1
Manitoulin	1	2					3
Metro Toronto	296	247	98	15	2	4	662
Middlesex	48	51	16				115
Muskoka	5	5	1				11
Niagara	83	66	10	1	1	1	162
Nipissing	9	9	1				19
Northumberland	9	4	3				16
Ottawa Carlton	103	101	21	4	1		230
Oxford	7	7	1			1	16
Parry Sound	7	4	1				12
Peel	96	79	21				196
Perth	6	6	1				13
Peterborough	20	14	2				36
Prescott Russell	3	4					7
Rainy River	4	3	1				8
Renfrew	13	9	2	2			26
Simcoe	43	44	16	2		1	106
Stormont Dundas Glen.	7	10	1				18
Sudbury	39	28	4			1	72
Thunder Bay	26	30	6	2			64
Timiskaming	8	1					9
Victoria	1	7	2				10
Waterloo	41	53	12	3			109
Wellington	23	27	3	1			54
York	99	115	27	4		2	247
Totals	1422	1296	333	44	5	15	3115
Percentage of Total	45.00	41.00	10.00	1.00			100

RATIO OF DENTISTS TO DENTAL HYGIENISTS

As of October, 1988

County	Dentists	Hygienists	Ratio
Algoma	60	32	1.87:1
Brant	38	25	1.52:1
Bruce	16	14	1.14:1
Cochrane	30	18	1.66:1
Dufferin	14	7	2.00:1
Durham	182	191	.95:1
Elgin	22	9	2.44:1
Essex	161	126	1.27:1
Frontenac	66	36	1.83:1
Grey	32	9	3.55:1
Haldimand Norfolk	28	18	1.55:1
Haliburton	2	4	.50:1
Halton	167	126	1.32:1
Hamilton Wentworth	232	116	2.00:1
Hastings	55	30	1.83:1
Huron	14	5	2.80:1
Kenora Kenora P.P.	21	13	1.61:1
Kent	47	19	2.47:1
Lambton	56	50	1.12:1
Lanark	16	9	1.77:1
Leeds Grenville	47	36	1.30:1
Lennox Addington	5	1	5.00:1
Manitoulin	4	3	1.33:1
Metro Toronto	1899	662	2.86:1
Middlesex	260	115	2.26:1
Muskoka	20	11	1.81:1
Niagara	188	162	1.16:1
Nipissing	41	19	2.15:1
Northumberland	27	16	1.68:1
Ottawa Carlton	374	230	1.62:1
Oxford	33	16	2.06:1
Parry Sound	14	12	1.16:1
Peel	318	196	1.62:1
Perth	27	13	2.07:1
Peterborough	49	36	1.36:1
Prescott Russell	13	7	1.85:1
Prince Edward	6	-	-
Rainy River	9	8	1.12:1
Renfrew	37	26	1.42:1
Simcoe	117	106	1.10:1
Stormont Dundas Glen.	32	18	1.77:1
Sudbury	68	72	.94:1
Thunder Bay	76	64	1.18:1
Timiskaming	17	9	1.88:1
Victoria	12	10	1.20:1
Waterloo	169	109	1.55:1
Wellington	78	54	1.44:1
York	204	247	.82:1
Totals	5403	3115	1.73:1

DEGREE OF 'BUSYNESS' OF ONTARIO DENTISTS/1988 (Based on Data as of June 1988)

Years since Graduation	Number of DDS Responding	% of Respondents Less Busy than Would Like	% of Respondents Content with Patient Load	% of Respondents Too Busy
0-4	444	63.7	34.9	1.3
5-9	748	49.8	47.5	2.5
10-14	742	45.9	50.2	3.7
15-19	601	38.9	57.4	3.6
20-24	431	38.5	57.3	4.1
25-29	286	38.8	58.3	2.7
30-34	223	28.6	67.2	4.0
35-39	202	27.7	67.8	4.4
40-44	60	33.3	60.0	6.6
45-49	29	31.0	68.9	—
50 PLUS	10	40.0	60.0	—
TOTAL	3,776	43.9	52.7	3.2

LICENSING PROFILE

LICENSED DENTISTS DECEASED

Lalonde, F.C. (1976)*	May 19, 1988
Laskowski, J.E. (1958)	Feb. 15, 1988
Moore, W.R. (1950)	June 11, 1987
Sauders, D.F. (1972)	Jan. 5, 1988
Starr, R.M. (1959)	Mar. 13, 1988
Sybersma, D.T. (1966)	Oct. 19, 1988
Ustohal, M. (1987)	Sept. 2, 1988

* Denotes Year of Graduation

LICENSES ISSUED

Dentists.....5574 Members*

* (includes 8 Life Members and 171 Out-of-Province Members)

ADDITIONS TO THE REGISTER

University of Toronto	90
University of Western Ontario	40
N.D.E.B. Certificates	71
General License (from Education)	7
Academic License	2
Approved by the Reg. Committee	0

REMOVALS AND REINSTATEMENTS

Deceased	7
Retired	57
Not Renewing	73
Removed	30
Reinstated	49

LICENSES ISSUED

Dental Hygienists.....3269*

* (includes 154 Out-of-Province)

Presidents and Registrars

PRESIDENTS

*B. W. Day	Apr.	1868 — Jun.	1870
*H. T. Wood	Jun.	1870 — Jul.	1874
*C. S. Chittenden	Jul.	1874 — May	1889
*H. T. Wood	May	1889 — Mar.	1893
*R. J. Husband	Mar.	1893 — Apr.	1899
*G. E. Hanna	Apr.	1899 — Apr.	1901
*A. M. Clark	Apr.	1901 — Apr.	1903
*H. R. Abbott	Apr.	1903 — Apr.	1907
*R. B. Burt	Apr.	1907 — Apr.	1909
*G. C. Bonnycastle	Apr.	1909 — May	1911
*W. J. Bruce	May	1911 — May	1913
*D. Clark	May	1913 — May	1915
*W. C. Davy	May	1915 — May	1917
*W. C. Trotter	May	1917 — May	1918
*W. M. McGuire	May	1918 — May	1921
*M. A. Morrison	May	1921 — May	1923
*A. D. Mason	May	1923 — May	1925
*E. E. Bruce	May	1925 — May	1927
*R. C. McLean	May	1927 — May	1929
*S. S. Davidson	May	1929 — June	1931
*S. M. Kennedy	June	1931 — May	1933
*H. Irvine	May	1933 — May	1935
*G. H. Holmes	May	1935 — May	1937
*E. C. Veitch	May	1937 — May	1939
*L. D. Hogan	May	1939 — May	1941
*F. A. Blatchford	May	1941 — May	1943
*G. H. Campbell	May	1943 — May	1945
*S. W. Bradley	May	1945 — May	1947
*H. W. Reid	May	1947 — May	1949
*S. J. Phillips	May	1949 — May	1951
*R. O. Winn	May	1951 — May	1953
*C. M. Purcell	May	1953 — May	1955
*R. J. Godfrey	May	1955 — May	1957
*M. C. Bebee	May	1957 — May	1959
*M. V. Keenan	May	1959 — May	1961
*A. H. Leckie	May	1961 — Apr.	1963
W. G. Bruce	Apr.	1963 — Apr.	1965
J. P. Coupland	Apr.	1965 — Feb.	1967
J. D. Purves	Feb.	1967 — Jan.	1969
H. M. Jolley	Jan.	1969 — Jan.	1971
N. L. Diefenbacher	Jan.	1971 — Jan.	1973
P. P. Zakarow	Jan.	1973 — Jan.	1975
R. P. McCutcheon	Jan.	1975 — Jan.	1977
E. G. Sonley	Jan.	1977 — Jan.	1979
A. J. Calzonetti	Jan.	1979 — Jan.	1981
C. A. Doughty	Jan.	1981 — Jan.	1983
R. L. Filion	Jan.	1983 — Jan.	1985
G. E. Pitkin	Jan.	1985 — Jan.	1987
G. Nikiforuk	Jan.	1987 — Jan.	1989
W. J. Dunn	Jan.	1989 —	

REGISTRARS

*J. O'Donnell	Apr.	1868 — July	1870
*J. B. Willmott	July	1870 — June	1915
*W. E. Willmott	July	1915 — May	1940
*D. W. Gullett	May	1940 — July	1956
W. J. Dunn	July	1956 — Feb.	1965
K. F. Pownall	Feb.	1965 —	

*Deceased

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